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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Concordia Lutheran Ministries

Doing business as

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

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

D Employer identification number
20-5138278

E Telephone number
(724) 352-1571

G Gross receipts $ 93,273,421

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ concordialm org

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

L Year of formation 2006

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Concordia Lutheran Ministries' primary exempt purpose is to manage, oversee, and carry out the charitable purposes of affiliate 501(c)(3) organizations See Part III, Line 1 for further explanation

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-101,026
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-7,597

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,702,676	12,371,525
9	Program service revenue (Part VIII, line 2g)	190,933	618,893
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,755,203	33,264,960
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,966,692	3,806,904
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,615,504	50,062,282
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,000,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	400,594	403,622
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,400,594	403,622
19	Revenue less expenses Subtract line 18 from line 12	48,214,910	49,658,660

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	415,323,400	457,798,836
21	Total liabilities (Part X, line 26)	18,128,570	17,271,637
22	Net assets or fund balances Subtract line 21 from line 20	397,194,830	440,527,199

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2020-05-14

▶ Michael Falbo CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

As a registered 501(c)(3) charitable organization, Concordia Lutheran Ministries supports affiliate organizations by managing, overseeing, acquiring new business, and carrying out its charitable purposes and mission to serve our aging community with a continuum of high quality care-giving options, provided in a Christian environment, and to serve those with limited funds to the best of our ability

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 See Additional Data)	(Expenses $	93,190	including grants of $	0) (Revenue $	118,893)
4b	(Code See Additional Data)	(Expenses $	4,571	including grants of $	0) (Revenue $	500,000)
4c	(Code See Additional Data)	(Expenses $	17,081	including grants of $	0) (Revenue $	0)
4d	Other program services (Describe in Schedule O)	(Expenses $	0	including grants of $	0) (Revenue $	0)
4e	**Total program service expenses ▶**		114,842			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	8		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 ▶Michael Falbo CFO 134 Marwood Road Cabot, PA 160232299 (724) 352-1571

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								0	1,498,785	192,908

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI Private Trust Company 1 Freedom Valley Drive PO Box 1100 Oaks, PA 19456	Investment fees	241,779

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 0				
b Membership dues	1b 0				
c Fundraising events	1c 0				
d Related organizations	1d 12,370,675				
e Government grants (contributions)	1e 0				
f All other contributions, gifts, grants, and similar amounts not included above	1f 850				
g Noncash contributions included in lines 1a - 1f $ 0					
h **Total.** Add lines 1a-1f		12,371,525			
Program Service Revenue	Business Code				
2a Management Fees	561000	118,893	118,893	0	0
b Self Insured Liability Insurance	525190	500,000	500,000	0	0
c					
d					
e					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f		618,893			
3 Investment income (including dividends, interest, and other similar amounts)		21,367,865	21,367,865	0	0
4 Income from investment of tax-exempt bond proceeds		0	0	0	0
5 Royalties		1,037,876	1,037,876	0	0
	(i) Real / (ii) Personal				
6a Gross rents	180,478 / 0				
b Less rental expenses	350,519 / 0				
c Rental income or (loss)	-170,041 / 0				
d Net rental income or (loss)		-170,041	-69,015	-101,026	0
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	54,757,715 / 0				
b Less cost or other basis and sales expenses	42,860,620 / 0				
c Gain or (loss)	11,897,095 / 0				
d Net gain or (loss)		11,897,095	11,897,095	0	0
Other Revenue 8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a Insurance Funding in Excess of Reserve	525100	2,938,419	2,938,419	0	0
b					
c					
d All other revenue		650	650	0	0
e **Total.** Add lines 11a–11d		2,939,069			
12 **Total revenue.** See Instructions		50,062,282	37,791,783	-101,026	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	2,209		2,209	
c Accounting	2,471		2,471	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	252,623		252,623	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	73,167	73,167		
12 Advertising and promotion	4,002	4,002		
13 Office expenses	453	453		
14 Information technology	116	116		
15 Royalties				
16 Occupancy	16,788		16,788	
17 Travel	6,296	6,296		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,999	20,999		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,689		14,689	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses	9,809	9,809		
25 **Total functional expenses.** Add lines 1 through 24e	403,622	114,842	288,780	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	865,180	4	844,787
	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	17,595,105	7	19,925,941
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	116,364	9	101,431
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 14,694,794			
	b	Less accumulated depreciation — 10b: 882,318	13,600,506	10c	13,812,476
	11	Investments—publicly traded securities	122,611,110	11	144,346,087
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	258,596,953	13	276,601,755
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,938,182	15	2,166,359
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	415,323,400	16	457,798,836
Liabilities	17	Accounts payable and accrued expenses	1,147,391	17	1,036,974
	18	Grants payable		18	
	19	Deferred revenue	374,841	19	283,069
	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	919,603	23	0
	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	15,686,735	25	15,951,594
	26	**Total liabilities.** Add lines 17 through 25	18,128,570	26	17,271,637
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	397,194,830	27	440,527,199
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		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	397,194,830	33	440,527,199
	34	Total liabilities and net assets/fund balances	415,323,400	34	457,798,836

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,062,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	403,622
3	Revenue less expenses Subtract line 2 from line 1	3	49,658,660
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	397,194,830
5	Net unrealized gains (losses) on investments	5	-6,326,291
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	440,527,199

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 20-5138278
Name: Concordia Lutheran Ministries

Form 990 (2018)

Form 990, Part III, Line 4a:

Concordia Lutheran Ministries is the parent company of a network of organizations that provide a full senior care suite of services that include skilled nursing, inpatient rehabilitation, outpatient rehabilitation, personal care/assisted living, independent living, memory care, adult day, childcare, home care, durable medical equipment, pharmacy, and hospice services For nearly 140 years, Concordia Lutheran Ministries has been a place with a mission of caring, healing, and comfort provided through heartfelt Christian faith and a strong sense of service to others The Organization, its subsidiaries, and its over 3,000 employees continued to provide high quality services to the residents in its care as it has done throughout its existence, continuing its CARF accreditation for excellence, and having multiple facilities rated 5 stars by the Center of Medicare and Medicaid Services during the fiscal year Through its ministries, the Organization served over 45,000 residents/patients through its 19 organizations with its home and community-based service organizations providing over 450,000 caregiving visits in the last year alone In pursuit of its mission, the Organization incurred expenses related to management including community benefit expenses, as well as the research and acquisition of retirement communities, skilled nursing facilities, and personal care facilities These expenses include legal and accounting fees, travel to facility sites, meetings related to acquisition decisions, and other research costs including management's time

Form 990, Part III, Line 4b:

During the previous fiscal year, the Organization was blessed to expand its mission by acquiring two new communities, expanding the Organization's facility-based operations by 25% The first was a 120 bed skilled nursing facility located in Beaver County Pennsylvania The longtime Christian organization known as Villa St Joseph of Baden is now Concordia at Villa St Joseph and Concordia Lutheran Ministries could not be more honored to have been entrusted with the opportunity The Organization looks forward to continuing the facility's legacy of high-quality care The former owners, the Sisters of St Joseph have become great friends of Concordia Lutheran Ministries and continue to have a strong presence at the facility by helping to provide Christian witness The second acquisition was the largest in Concordia Lutheran Ministries' long existence The Organization acquired St Joseph John Knox Village in Tampa, Florida a provider of skilled nursing, assisted living, and independent living services on a sprawling 600-unit, 12-building campus in Tampa, Florida With these acquisitions, Concordia Lutheran Ministries now provides care in three states and looks forward to continued growth in the future To have the new operations in Florida start off with a steady foundation, the Organization donated funds to Concordia of Florida to establish a reserve for the entrance fees of the organization that were not maintained by the former owners and to allow the facility to make much needed improvements and renovations including new roofs, renovated dining areas, renovations of independent living apartments, new generators, and improvements to assisted living and skilled nursing A supplemental liability insurance was also provided to Concordia of Florida through the Organization to ensure sufficient insurance coverage which resulted in additional revenue for the Organization

Form 990, Part III, Line 4c:

Through the Organization and its subsidiaries, the charitable mission of Concordia Lutheran Ministries was expressed in multiple ways The Organization and its subsidiaries were able to provide over $2,500,000 in donations and grants to various charities in the Organization's local areas of operations and to individuals across the world in need These donations and grants include support for but not limited to soup kitchens, homeless shelters, church ministries, AIDS orphans in Africa, camps for grieving children after parental losses, and natural disaster relief In addition to providing the donations and grants, the Organization and its subsidiaries continued their missions by providing over $12,000,000 in benevolent care to over 600 residents who exhausted their funds while they were entrusted to the Organization's care The Organization is proud to say that in its nearly 140 year history, it has never discharged a resident due to an inability to pay In addition to providing for those in need, the Organization and its subsidiaries offer a full suite of affordable benefits to its over 3,000 employees including a health insurance program facilitated though the Organization In addition to offering traditional benefits to its employees, the organization has also provided countless scholarships, gifts, and other incentives to showcase its commitment to being the employer of choice for its operating areas

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			
Len Bloom Board Member	1 0	X						0	0	0
Peter Bodnar Board Member	1 0	X						0	0	0
Mary Ann Bornemann Board Member	1 1	X						0	0	0
Rande Casaday Board Member	1 2	X						0	0	0
Rev Daniel Hahn Jr Board Member	1 0	X						0	0	0
Fred Heintz Jr Board Member	1 2	X						0	0	0
Paul Hoffman Board Member	1 1	X						0	0	0
Gail Holzer Board Member	1 1	X						0	0	0
Peter Humphrey Board Member	1 0	X						0	0	0
Rev Barry Keurulainen Board Member	1 0	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			
Jennifer Lewis Board Member	1 0	X						0	0	0
James Limbaugh Board Member	1 3	X						0	0	0
Rev Arthur Litke Board Member	1 0	X						0	0	0
Paul Rehkopf Board Member	1 2	X						0	0	0
Robert Schmidt Board Member	1 2	X						0	0	0
Rev Dr Douglas Spittel Board Member	1 0	X						0	0	0
David Alsing Board Member	1 2	X						0	0	0
Michael Fiffik Board Member	1 0	X						0	0	0
Peter Fisher Board Member	1 0	X						0	0	0
Russell Lucas Board Member	1 0	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			
Stephen Johnson Chairman of the Board	1 0	X		X				0	0	0
Donald Olmstead Vice Chair	1 1	X		X				0	0	0
Keith Frndak-See Schedule O Chief Executive Officer	5 45			X				0	636,523	73,168
Brian Hortert-See Schedule O Chief Operating Officer	1 44			X				0	329,390	55,728
Kim Young-See Schedule O Chief Financial Officer	1 44			X				0	272,311	30,636
Paul Brand-See Schedule O Former CFO	0 45						X	0	260,561	33,376

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136014360

TY 2018 Reasonable Cause Explanation

Name: Concordia Lutheran Ministries

EIN: 20-5138278

Software ID: 18007995

Software Version: v1.00

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136014360

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries

Employer identification number
20-5138278

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 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 14

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 14					0	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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	Yes	
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	Yes	
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	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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
Schedule A, Part IV, Section A, Line 1	All supported organizations are subsidiaries of Concordia Lutheran Ministries Individual entities are not listed in the governing documents by name but are mentioned in the govern ing documents as all subsidiary entities

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3	Concordia Lutheran Ministries and its supported organizations have adopted corporate inves tment policies that are not specific to individual organizations but to all of Concordia L utheran Ministries and its subsidiaries

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a	Concordia Lutheran Ministries assigns the board of directors for all supported organizatio ns either directly or through another directly controlled organization

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b	Concordia Lutheran Ministries has final reserve power on all of the decisions and actions of each supported organization's board of directors

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 20-5138278
Name: Concordia Lutheran Ministries

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Concordia of Florida	371869372	10		No	0	0
(A) Concordia Lutheran Health and Human Care	250969458	10		No	0	0
(B) Concordia of Ohio	611682165	10		No	0	0
(C) Concordia Lutheran Ministries of Pittsburgh	270209886	10		No	0	0
(D) Concordia Physician Practice	473951584	10		No	0	0
(E) Rebecca Residence	250974311	10		No	0	0
(F) Good Samaritan Hospice of Pittsburgh	251818793	10		No	0	0
(G) Concordia of Monroeville	251475192	10		No	0	0
(H) Concordia Hospice of Washington	812448411	10		No	0	0
(I) Concordia Visiting Nurses	421704067	10		No	0	0
(J) Concordia Visiting Nurses of Ohio	463845269	10		No	0	0
(K) Cedars Home Health Care Services	251875508	10		No	0	0
(L) Concordia Tele-Caregivers	251881783	10		No	0	0
(M) Concordia Medical Equipment	204386767	10		No	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries

Employer identification number
20-5138278

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	11,205,284		11,205,284
b Buildings	0	3,313,113	800,776	2,512,337
c Leasehold improvements	0	0	0	0
d Equipment	0	176,397	81,542	94,855
e Other	0	0	0	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				13,812,476

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) Investment in CLM Foundation	172,750,056	F
(2) Investment in Concordia Lutheran Health and Human Care	35,170,937	F
(3) Investment In CLM of Pittsburgh	27,403,151	F
(4) Investment In Concordia of Ohio	26,204,042	F
(5) Investment In Concordia of Florida	7,183,106	F
(6) Investment in Concordia Community Support Services	7,059,092	F
(7) Investment In Concordia Medical Equipment	569,707	F
(8) Investment In Concordia Providence	197,643	F
(9) Investment in Concordia Physician Practice	64,021	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	276,601,755	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Due to Concordia of Ohio	13,869,535
Deferred Compensation-457 Plan	2,082,059
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	15,951,594

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: 18007995
Software Version: v1.00
EIN: 20-5138278
Name: Concordia Lutheran Ministries

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Investment in CLM Foundation	172,750,056	F
(2) Investment in Concordia Lutheran Health and Human Care	35,170,937	F
(3)Investment In CLM of Pittsburgh	27,403,151	F
(4)Investment In Concordia of Ohio	26,204,042	F
(5)Investment In Concordia of Florida	7,183,106	F
(6) Investment in Concordia Community Support Services	7,059,092	F
(7)Investment In Concordia Medical Equipment	569,707	F
(8)Investment In Concordia Providence	197,643	F
(9)Investment in Concordia Physician Practice	64,021	F

Supplemental Information

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **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
Concordia Lutheran Ministries

Employer identification number
20-5138278

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Keith Frndak-See Schedule O Chief Executive Officer	(i)	0	0	0	0	0	0	0
	(ii)	544,473	92,050	0	68,875	4,293	709,691	0
2 Brian Hortert-See Schedule O Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	278,336	31,250	19,804	41,475	14,253	385,118	0
3 Kim Young-See Schedule O Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	225,113	28,900	18,299	17,723	12,913	302,948	0
4 Paul Brand-See Schedule O Former CFO	(i)	0	0	0	0	0	0	0
	(ii)	233,766	5,050	21,745	33,376	0	293,937	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3	The Executive Committee of Concordia Lutheran Ministries (Parent) (EIN 20-5138278) approves the compensation of the Chief Executive Officer (CEO) annually through his employer Concordia Lutheran Health and Human Care (CLHHC) (EIN 25-0969458) Compensation includes base compensation, bonuses, and other fringe benefits such as health insurance The committee uses data from state and national associations for organizations of similar size to compare compensation Executive Committee decisions for CEO compensation are communicated to the Chief Financial Officer Compensation for key employees is determined by the CEO Data from state and national associations is used for comparison purposes

Return Reference	Explanation
Schedule J, Part I, Line 4	Affiliates, Concordia Lutheran Health and Human Care (EIN 25-0969458) participates in a non-qualified 457 deferred compensation plan for certain highly compensated employees of the Organization The Concordia Lutheran Ministries (CLM) (EIN 20-5138278) Board of Directors, and CEO approve all participants who are enrolled in the plan In the calendar year 2018 the following participants were enrolled in the plan and contributions, which will fully vest in five years from the contribution date, were made on their behalf in 2018 Keith Frndak, President & CEO ($51,000), Brian Hortert, COO, CLM & Affiliates ($23,600), Paul Brand, Secretary ($16,640)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Concordia Lutheran Ministries

Employer identification number
20-5138278

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III	Concordia Lutheran Ministries offers the full suite of senior care services through its co ntinuum of care Skilled nursing refers to two different types of care long-term nursing care and short-term rehabilitation Individuals in long-term care typically require a high er level of around-the-clock care from various professionals, including a medical director , nurses, therapists, social workers, dietitians and more Individuals generally receive s hort-term rehabilitation after a hospital stay or to recover from an illness, injury, surg ery or other medical condition Depending on the underlying need, skilled nursing care may go on for years or only last for a few weeks/months Eight Concordia Lutheran Ministries locations offer long-term nursing care/short-term rehabilitation Concordia at Cabot, Conc ordia of Monroeville, Concordia at Rebecca Residence, Concordia of the South Hills, Concor dia at Sumner, Concordia at Villa St Joseph, Concordia Village of Tampa, & Harmony Physic al Rehabilitation Skilled nursing census at Concordia continues to thrive Highlights incl ude Concordia at Cabot skilled nursing was 100% full for 90 days this year and exceeded t he Part A (short-term rehabilitation) budget for 317 days, Concordia at Sumner had an aver age occupancy of 90 2%, and Concordia at Villa St Joseph achieved a 97 4% occupancy rate In the current healthcare climate, a major part of staying competitive is keeping up-to-d ate with surveys and trainings Harmony Physical Rehabilitation had a deficiency-free Depa rtment of Health annual survey At Concordia at Villa St Joseph, the Life Safety and Emer gency Preparedness Survey was deficiency free Concordia at Villa St Joseph also continue d training Certified Nursing Assistants on site and fostered partnerships with the Communi ty College of Beaver County and Pittsburgh Technical College for clinical training experie nces for LPNs and RNs Concordia of the South Hills skilled nursing staff completed CJR (C omprehensive Care for Joint Replacement) to spinal programs with Allegheny Health Network Multiple Concordia skilled nursing facilities were shown as exemplary sites for outside h ealthcare organizations Concordia at Sumner became a state-tested nursing assistant clini cal site for MedCert, was named a part of the ACO (Accountable Care Organization) for the Akron General Cleveland Clinic and hosted Akron General's medical students and residents Harmony Physical Rehabilitation became the showcase facility in the Pittsburgh area for wa lking interdisciplinary rounds for Navi Health, a provider network, and hosted nursing stu dents from two local universities as a clinical training site Concordia of Monroeville wa s the number one ranked facility within its metro market of nine other providers and ranke d 34th in the state out of 199 other providers for Highmark In addition to supporting its affiliate organizations, CLM hosts an annual springtime fishing derby at the lake at Saxo ny Farms In fiscal year 2019,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III	over 800 local children attended the event that provided fishing poles, bait, food, and p rizes at no cost to the participants Concordia also offers the use of Saxony Farms to the community planners of the annual Saxonburg 5K Race This annual community event is sponso red by the Saxonburg Historical Group Saxony Farms is also used for the Pittsburgh Area L utheran Schools 5K

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 1)	Personal care (which includes assisted living at our Ohio and Florida locations) is care f or individuals who need assistance with activities of daily living, such as bathing and pe rsonal hygiene, mobility assistance, wound care, preparation of special nutritional meals or diets, housekeeping, activities, laundry, spiritual care, and more All of Concordia's personal care and assisted living facilities are equipped to care for individuals with mem ory-impairments as well Concordia of Fox Chapel serves as Concordia's only standalone mem ory care facility At Concordia Lutheran Ministries, 12 locations offer personal care or a ssisted living Concordia at Cabot , Concordia of Cranberry , Concordia of Fox Chapel , Co ncordia of Franklin Park , Concordia of Monroeville , Concordia at the Orchard , Concordia at Rebecca Residence , Concordia at Ridgewood Place , Concordia of the South Hills , Conc ordia of Wexford , Concordia at Sumner (assisted living) , Concordia Village of Tampa (ass isted living) This was a strong census year for Concordia's personal care facilities Ther e were consistent census numbers at our facilities, and several locations (Concordia at th e Orchard, Concordia at Rebecca Residence, Concordia of Fox Chapel, and Concordia of Cranb erry) achieved full occupancy for consecutive months In addition, Concordia at Cabot, Con cordia at the Orchard, Concordia at Rebecca Residence, and Concordia of Fox Chapel have al l maintained an average occupancy over 93%, and Concordia at Ridgewood Place raised occupa ncy 5 5% from last year There was also an increase in the number of subsidized residents this year and Concordia is blessed to be able to serve the increasing number of people in need Concordia's personal care facilities saw improvement in not just census, but surveys as well Our thorough mock survey process and focused rounds by facility leadership teams have been successful, many of our facilities saw a decrease in the number of tags from th e previous year, with Concordia of Cranberry only receiving one tag and Concordia of Fox C hapel receiving zero We will continue with these preparatory efforts, especially when com pliance visits are often included as part of the annual survey process Staff promotions a nd education have increased across personal care A Personal Care Director of Training pos ition was implemented this year to concentrate on onboarding, staff education, and staff r etention Several staff members have been licensed as Personal Care Administrators, and a Manager-in-Training is ready to take classes in the fall We gave several students the opp ortunity to serve as interns in various departments Concordia of Franklin Park hosted Com munity College of Allegheny County occupational therapy students in the activities departm ent Concordia at Cabot had an intern from Geneva College in the social services departmen t and an intern from Slippery Rock University who rotated through various departments We offer students the opportunity

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 1)	to learn and grow through these experiences as well as provide our own employees a chance to build leadership skills by being managers and mentors At Concordia of the South Hills , staff education and safety initiatives were made a priority to better serve residents A s at virtually every level of Concordia's continuum of services, volunteers play an import ant role in personal care At Concordia of Cranberry, 28 volunteers put in 480 hours with residents, and at Concordia of Wexford, a volunteer who donated his time for over 10 years won the Faith in Caring Volunteer Award An Eagle Scout volunteer completed a project at Concordia at the Orchard by building a beautiful raised flower bed for the residents to en joy Capital improvements have been made at many personal care facilities this year, inclu ding sidewalk repairs, painting and furniture updates, new tile flooring at Concordia of M onroeville, kitchen improvements at Concordia of Wexford and Concordia of Franklin Park, n ew music systems in dining rooms, new artwork at Concordia at Ridgewood Place, and landsca ping updates at Concordia at the Orchard, Concordia at Ridgewood Place and Concordia at Ca bot's Oertel Care Center

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 2)	At Concordia Lutheran Ministries, independent living is a worry-free lifestyle option for seniors that offers Concordia's brand of quality, security, and value Our apartments have every convenience of home with included amenities like routine maintenance, scheduled tra nsportation, events, activities, and much more Five Concordia Lutheran Ministries locatio ns have retirement living communities Concordia at Cabot, Concordia of the South Hills, C oncordia at Sumner, Concordia Village of Tampa, and Highpointe at Rebecca The newest addi tion to Concordia's retirement living communities is Concordia at Sumner's Garden Apartmen ts East expansion Construction began on the project in June 2018, and a Grand Opening eve nt was held in June 2019 The Garden Apartments East building is a three-story 105,000 squ are foot expansion, which adds 65 retirement living apartments to the 22 villas and 79 ret irement living apartments already on campus Each of the spacious one bedroom, two bedroom , and two bedroom corner apartments feature an open concept floor plan with a fully applia nced kitchen and laundry room Residents of the expansion also have access to the first-cl ass amenities that are standard at Concordia at Sumner, including the Terrace Room restaur ant, fitness center, swimming pool, golf simulator, needle nook, craft room, game room, li brary, beautiful common areas, and more So far 28 apartments are under agreement, and man y residents have already moved into their new home Highpointe at Rebecca and Concordia Vi llage of Tampa were our new retirement living communities last fiscal year and both are th riving By June 2019, Highpointe had 101 out of 109 apartments filled and the community is vibrant and highly engaged At Concordia Village of Tampa, 60 new residents moved in duri ng the fiscal year and remodeling projects continue to improve the look and feel of the bu ildings, with hallways, roofs, stairwells, common areas, and vacant apartments being renov ated By next year, Tampa hopes to complete all major construction projects and increase o ccupancy by filling the newly renovated apartments Concordia's other retirement living co mmunities also saw facility and technology improvements Concordia of the South Hills is u pdating apartments, while Concordia at Cabot upgraded exercise equipment in all three Have n retirement living buildings and made minor renovations in others Concordia at Sumner in corporated smart home technology into its new "Hideaway" space so residents can request th eir favorite songs In the ever-changing retirement living market, Concordia's retirement living communities prioritize connecting with the communities we serve, both to strengthen these ties and to market Concordia At Concordia of the South Hills, Concordia at Cabot, and Highpointe at Rebecca, the addition of educational sessions to all open house events i ncreased attendance while providing the public with valuable information about retirement living communities A Mission

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 2)	and Ministry Committee was organized at Concordia at Sumner to help identify and meet need s in the Akron community The Committee, which includes parent board members, facility boa rd members, church representatives, and staff, assisted the faith-based organizations Have n of Rest and Faithful Servants this year Concordia's retirement living residents are som e of our best ambassadors, whether they volunteer on a Concordia campus or in the communit y At Concordia at Sumner, retirement living residents continued their partnership with a local community theater, assisting with many productions Residents from Highpointe at Reb ecca regularly volunteer their time and more are joining the ranks every day They volunte er in a variety of ways, including (but certainly not limited to) creating toy trucks in t he woodshop for local charities to distribute at Christmastime, participating in the Highp ointe Social Club to provide a few hours of respite each week to spouses of residents with memory impairments, spending time with personal care and skilled nursing care residents a t Concordia at Rebecca Residence, and visiting Concordia of Fox Chapel as a group to help with activities Haven residents at Concordia at Cabot volunteered an impressive 12,958 ho urs on that campus this year, helping at Concordia Visiting Nurses, distributing memos and letters to other residents, assisting with therapy and activities in the Concordia at Cab ot Lund Care Center's personal care and skilled nursing units, and much more As always, o ur residents' servant mindset is a constant reminder of what sets Concordia apart from oth er retirement living communities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 3)	Some people are surprised by the variety of healthcare services that are currently available in the home setting Concordia Visiting Nurses (CVN) offers numerous service options with the additional assurance of Concordia's commitment to ministering to each individual with respect, dignity, and compassion CVN provides high-quality skilled nursing care, social work oversight, physical therapy, occupational therapy, speech therapy, palliative care, telehealth, disease management, spiritual care and specialty services, family educators, and Tele-Caregivers to the communities we serve CVN currently employs 400 dedicated professionals at four branch offices We now serve 13 counties in Pennsylvania Allegheny, Armstrong, Beaver, Butler, Greene, Lawrence, Washington, and parts of Clarion, Indiana, Fayette, Mercer, Venango, and Westmoreland We provided 296,378 professional service visits to patients in our territories in this fiscal year - 29,624 visits more than last fiscal year In order to foster the tremendous growth in our census, CVN understands the importance of recruitment and retention Leadership and team members hold separate monthly meetings to tackle both of these concerns and have developed several new processes and procedures as a result of these efforts CVN also took part in the Concordia Community Support Services program "T E a M Day" (Train, Educate, and Mission) to improve the onboarding experience for new employees Human Resources staff hosts onboarding training for new employees to reinforce the agency's open-door policy The day includes a free breakfast, lunch, and CVN branded bag With a growing census, quality remains one of the top priorities for CVN The agency rates 4 out of 5 stars for patient satisfaction and 3 5 out of 5 stars for outcomes on the publicly reported U S Centers for Medicare & Medicaid Services (CMS) Home Health Compare website In addition, CVN is rated 4 out of 5 stars as part of Highmark's quality program The agency provides continued education and training for staff to constantly improve quality CVN also continues to foster strong relationships with our four high profile hospital system partners - Butler Health System, Heritage Valley Health System, St Clair Hospital, and Washington Health System Great strides have been made to work with the Bridges Accountable Care Organization (ACO) to promote collaborations with their team Regularly scheduled operational meetings occur with each partner hospital, and the agency is making significant progress towards additional expansions

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 4)	Concordia Lutheran Ministries offers an extensive continuum of care, and one of the most important service lines that some patients and residents experience is Concordia's hospice care - an individualized approach to end-of-life care that serves the patient and his or her family with dignity and comfort Both Good Samaritan Hospice (GSH) and Concordia Hospice of Washington (CHOW) provide in-home care as well as care at our inpatient locations GS H Inpatient Unit at Heritage Valley Health System, GSH Inpatient Unit at Concordia at Cabo t , GSH House in Wexford , and CHOW at the Donnell House in Washington, PA CHOW served 41 3 people this year, with 30 staff members making 4,178 in-home skilled nursing visits and 3,430 in-home aide visits GSH's care team consists of 137 dedicated staff members who pro vided care to 1,909 patients in seven counties, ranging from residential homes, nursing or personal care facilities to one of GSH's three inpatient locations New programs and educ ational tools are vital to leading the field with the best quality care possible CHOW sta ff created and implemented a discharge plan and education for patients transitioning from inpatient units to hospice homecare The organization also earned a Strategic Healthcare P rograms Hospice Caregiver Satisfaction award for being in the top 20% of agencies and also exceeded national averages for all metrics on the U S Centers for Medicare & Medicaid (C MS) website, Hospice Compare GSH made substantial quality progress with the implementatio n of medicine dispensers in all of the organization's inpatient locations, which allow pat ients' physicians and pharmacies to interface directly to assure accuracy and compliance GSH also provided education and training to over 1,050 family caregivers this year, in add ition to the individual meetings with families conducted by our liaisons at our partner ho spitals (Butler Health System and Heritage Valley Health System) The GSH care team would not be complete without our volunteers GSH had a total of 85 volunteers this year who off ered their time and talent, contributing 3,562 hours in volunteer work This resulted in 5 7% average hours of volunteer care provided to patients, which exceeds the national requi rement of 5% for a Medicare-Licensed Hospice Our volunteers fill a variety of needs, from individual bedside vigils with the "Angels on Call" program to landscaping at the inpatie nt unit in Wexford They are a blessing to our mission no matter in what capacity they ser ve In addition to offering hospice care, GSH and CHOW also offer comprehensive bereavemen t care for patients' families At GSH, 1,687 families were guided through their grief with phone calls, grief support groups, services, and other events GSH offered 42 grief suppo rt groups in the communities we serve (which reached well over 100 participants), hosted m emorial services at St Luke Lutheran Church in Cabot, PA, and Prince of Peace Lutheran Ch urch in Freedom, PA, and held

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 4)	our annual Butterfly Release GSH's 2018 Butterfly Release was held ın Beaver, PA, wıth ov er 250 ın attendance who released over 300 butterflıes CHOW's Butterfly Release was held at The Barn at Ike's Place ın Amity, PA, and more than 125 attendees released over 500 but terflıes In addition, GSH helped organize Camp Erın Pittsburgh, a bereavement camp for ch ıldren ages 6-17 and the Camp Erın Purse Gala Fundraiser Seventy-two campers attended thı s year and were mentored and supported by 83 volunteers and Camp Erın staff members Both GSH and CHOW had a year full of growth and change

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 5)	While Concordia offers a comprehensive array of medical services for seniors and people with limited abilities in their homes, sometimes all that's required is a helping hand - and that's where private care can help Private care can be tailored to every person's individual needs and can assist with tasks like housekeeping, meal preparation, assistance with bathing, pet care, and much more At Concordia Lutheran Ministries, under our home and community services arm Concordia Community Support Services (CCSS), we have two companies that offer private care Concordia Private Care and Concordia Home Health of Tampa Concordia Private Care (CPC) employs 61 staff members across western Pennsylvania and in the last fiscal year provided care to 875 customers and completed 47,605 service visits CPC, like the rest of the companies under CCSS, successfully implemented a new Electronic Health Record software, Homecare Homebase Across Concordia as a whole, CPC involved and incorporated other service lines to meet goals from the last fiscal year The Concordia Visiting Nurses (CVN) spiritual care program within CPC was expanded and is now offered to clients and staff A spiritual care pastor attended CPC staff meetings and CPC management attended CVN liaison meetings to increase communication between the companies CPC met with staff at Concordia facilities at least twice a year in order to address each location's needs Quarterly meetings were held to provide staff with valuable information about hospice, compliance, safety, and the spiritual care program CPC also shared education presentations about the many private duty options available within the community These public presentations were held at a CLM member church in the South Hills, at the South Butler Community Library, and at health fairs at Concordia of the South Hills and Concordia at Cabot Recruitment events were also held at Concordia at Cabot, Concordia of the South Hills, and Highpointe at Rebecca CPC staff participated in Servant Events coordinated by the CCSS Mission Committee, along with CVN and CHOW The Mission Committee hosts a wide variety of community-focused projects to allow employees to volunteer their time and give back to the areas we serve Staff volunteered at The Lighthouse Foundation food pantry in Valencia, PA, helped frame a transitional dorm-style house for girls who have aged out of foster care, contributed to a Thanksgiving food drive and VOICe collection drive, and assisted with many other projects Concordia Home Health of Tampa currently provides non-skilled private duty services to consumers on the Concordia Village of Tampa campus Leadership is exploring the opportunity to purchase a skilled home health license in the area to expand our reach and serve more people in the greater Tampa community Our focus remains embracing an aging-in-place philosophy by providing quality care and services to our clients in the place they call home

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont 6)	Angel Tear Ministries, Concordia's mission outreach program, is a fund dedicated to supporting the underprivileged around the globe, primarily focusing on the proclamation of the Gospel By tending to the needs of children and the elderly, training church workers, and providing access to food, water, shelter, medical, and Christian educational opportunities, Angel Tear Ministries provides for the physical, educational, and spiritual needs of God's children so that they may know Christ, grow in their faith and serve our Lord Angel Tear Ministries awarded more than $1 8 million in domestic and international grants in 2019 Domestically, the grants are utilized to support Christian ministries, homeless shelters, soup kitchens, afterschool program, and a plethora of other ministries The organization also has a passion to help those being affected by natural disasters and has issue countless grants to organizations affected by tornados, hurricanes, and other natural disasters Sincere appreciation is extended to the donors who supported our Angel Tear Ministries Fund through gifts to the Concordia Lutheran Ministries Foundation during the past year Whether the donations are part of the Angel Tears program or are general donations from other subsidiary organizations that support Alzheimer associations, local little league teams, or volunteer fire departments, Concordia is committed to helping those in need and bettering the communities in which it operates Support of this meaningful component of Concordia's mission has furthered the work of grantee organizations and their leaders as they serve in God's name - changing, shaping, and saving lives along the way

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	The member of Concordia Lutheran Ministries are a group of 29 Lutheran Church Missouri Synod (LCMS) churches, To become a member, each LCMS church must apply and be approved by the delegate body The delegate body includes three delegates from each member church

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	Concordia Lutheran Ministries' board of directors is elected by the delegate body described in Part VI, Section A, Line 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Form 990 is prepared internally The document is then reviewed by the Chief Financial Officer and others on the accounting management team The board of directors received draft copies of the 990, prior to filing, in order to provide questions, comments, and feedback Questions and comments are addressed accordingly A copy of the final 990 is made available to all board members

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g	Salary Allocation-$73,167

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Employer identification number
20-5138278

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Concordia Providence LLC 134 Marwood Road Cabot, PA 16023 20-5138278	general partner of Providence Pharmacy Services, LP (EIN 22-385810)	PA	18,893	197,643	Concordia Lutheran Ministries 20-5138278

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Providence Pharmacy Services LP 615 North Pike Road Cabot, PA 16023 22-3885810	provides institutional pharmacy and consulting services	PA	Concordia Providence LLC 20-5138278	Related	0	0		No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 20-5138278
Name: Concordia Lutheran Ministries

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
134 Marwood Road Cabot, PA 16023 20-5138266	To raise & receive funds for the futherance of the mission & purposes of affiliate 501(c)(3) orgs	PA	501(c)(3)	509(a)(3)	Concordia Lutheran Ministries 20-5138278	Yes	
134 Marwood Road Cabot, PA 16023 25-0969458	To provide skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278	Yes	
613 North Pike Road Cabot, PA 16023 42-1704067	To provide home health care services	PA	501(c)(3)	509(a)(2)	Concordia Community Support Services 47-3508524		No
1300 Bower Hill Road Pittsburgh, PA 15243 27-0209886	To provide skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278	Yes	
134 Marwood Road Cabot, PA 16023 61-1682165	To provide healthcare and retirement living services in Ohio	OH	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278	Yes	
3746 Cedar Ridge Road Allison Park, PA 15101 25-0974311	To provide skilled nursing, personal care, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Health and Human Care 25-0969458		No
3500 Brooktree Road Wexford, PA 15090 25-1818793	To provide inpatient and outpatient hospice services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Health and Human Care 25-0969458		No
613 North Pike Road Suite A Cabot, PA 16023 25-1881783	To provide free monitoring services to homebound clients to ensure that they are up and well	PA	501(c)(3)	509(a)(1)	Concordia Community Support Services 47-3508524		No
613 North Pike Road Cabot, PA 16023 46-3845269	Home Health Services	PA	501(c)(3)	509(a)(2)	Concordia Community Sopport Services 47-3508524		No
4363 Northern Pike Monroeville, PA 15146 25-1475192	To provide skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries of Pittsburgh 27-0209886		No
4363 Northern Pike Monroeville, PA 15146 25-1875508	Home health services	PA	501(c)(3)	509(a)(2)	Concordia Tele-Caregivers 251881783		No
613 North Pike Road Suite B Cabot, PA 16023 47-3508524	Provide oversight, management and strategic planning	PA	501(c)(3)	509(a)(3)	Concordia Lutheran Ministries 20-5138278	Yes	
112 Marwood Road Cabot, PA 16023 47-3951584	To provide primary physician services	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-5138278	Yes	
613 North Pike Road Suite B Cabot, PA 16023 81-2448411	In-home and in-patient end of life care	PA	501(c)(3)	509(a)(2)	Concordia Community Support Services 47-3508524		No
4100 E Fletcher Avenue Tampa, FL 33613 37-1869372	Provide skilled nursing, personal care, independent living, and rehabilitative services	FL	501(c)(3)	509(a)(2)	Concordia Lutheran Ministries 20-8135278		No
615 North Pike Road Cabot, PA 16023 20-4386767	Rental/sales of medical equipment and supplies	PA	501(c)(3)	509(a)(2)	Concordia Lutheran Minsitries 20-5138278		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Concordia Lutheran Ministries Foundation	c	8,870,675	Market Value
(1)	Concordia Community Support Services	c	3,500,000	Market Value
(2)	Concordia of Florida	a-i	355,108	Cost
(3)	Concordia of Ohio	a-i	87,303	Cost
(4)	Concordia Community Support Services	s	126,385	Cost
(5)	Concordia Lutheran Ministries of Pittsburgh	s	2,115,228	Cost
(6)	Concordia of Ohio	s	636,301	Cost
(7)	Concordia Medical Equipment	s	64,640	Cost
(8)	Concordia Lutheran Health and Human Care	o	124,275	Cost
(9)	Concordia Lutheran Health and Human Care	p	270,549	Cost
(10)	Concordia Lutheran Health and Human Care	s	2,770,732	Cost