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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

LUTHERAN SENIOR SERVICES

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1150 HANLEY INDUSTRIAL COURT

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

ST LOUIS, MO 63144

D Employer identification number

43-0654862

E Telephone number

(314) 968-9313

G Gross receipts \$ 568,329,364

F Name and address of principal officer

JOHN KOTOVSKY

1150 HANLEY INDUSTRIAL COURT

ST LOUIS, MO 63144

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LSSLIVING.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1863

M State of legal domicile MO

Part I

Summary

Activities & Governance

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

FAITH BASED ORGANIZATION WHICH PROVIDES A NETWORK OF SUPPORTIVE SERVICES FOR OLDER ADULTS SEE BELOW FOR SUMMARY OF LSS CONSOLIDATED OPERATIONS

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

15

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

4

15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

5

3,515

6 Total number of volunteers (estimate if necessary)

6

2,492

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

7a

0

7b Net unrelated business taxable income from Form 990-T, line 39

7b

0

Revenue

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

3,064,113

3,553,004

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

165,559,258

173,260,002

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

2,382,724

2,866,268

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

1,486,411

1,446,765

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

172,492,506

181,126,039

Expenses

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

29,636

28,037

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)

97,747,258

103,282,081

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

0

0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

83,771,657

88,099,487

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

181,548,551

191,409,605

19 Revenue less expenses Subtract line 18 from line 12

-9,056,045

-10,283,566

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

507,349,922

599,827,596

21 Total liabilities (Part X, line 26)

496,835,999

591,941,753

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

10,513,923

7,885,843

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

Signature of officer

2020-08-20

Date

CHAD SNEED SENIOR VP FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-20

Check ☐ if self-employed

PTIN P00970069

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 1 BRONZE POINTE

Phone no (618) 233-1200

BELLEVILLE, IL 62226

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 167,048,678 including grants of \$ 28,037) (Revenue \$ 175,195,829)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 7,867,263)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$ -9,803,090)
See Additional Data

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

4e Total program service expenses ► 167,048,678

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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

Part IV Checklist of Required Schedules (continued)

		Yes	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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck 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	382	
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		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,515			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a 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?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
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	15	
	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	15	
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	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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.

CHAD SNEED 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 (314) 968-9313

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

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

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

● 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

See instructions for the order in which to list the persons above

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,697,092	0	326,309

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 ▶ 72

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BSI CONSTRUCTORS INC 6767 SOUTHWEST AVENUE ST LOUIS, MO 63143	CONSTRUCTION CONTRACTOR	31,337,420
SYMBRIA REHAB 28100 TORCH PARKWAY WARRENVILLE, IL 60555	THERAPY SERVICES	5,435,344
OMNICARE 100 E RIVERCENTER BLVD COVINGTON, KY 41101	PHARMACY SERVICES	2,708,677
MEDICAL STAFFING NETWORK HEALTHCARE LLC 4 CITYPLACE DR 300 ST LOUIS, MO 63141	STAFFING SERVICES	724,374
MAXIM HEALTHCARE SERVICES INC 1807 PARK 270 DRIVE SUITE 200 ST LOUIS, MO 63146	STAFFING SERVICES	667,538

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 ► 39

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	3,553,004			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$	1g				
	h Total. Add lines 1a-1f ▶		3,553,004			
Program Service Revenue	Business Code					
	2a LIFE PLAN COMMUNITIES REVENUE	623000	153,916,922	153,916,922		
	b MANAGEMENT FEES	623000	16,330,512	16,330,512		
	c HOME COMMUNITY BASED SERVICES REV	623000	7,867,263	7,867,263		
	d AMORTIZATION OF ENTRANCE FEES	623000	3,848,904	3,848,904		
	e DEVELOPMENT FEES	623000	1,099,491	1,099,491		
	f All other program service revenue		-9,803,090	-9,803,090		
g Total. Add lines 2a-2f. ▶		173,260,002				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,332,225		3,332,225	
	4 Income from investment of tax-exempt bond proceeds ▶		1,165,156		1,165,156	
	5 Royalties ▶					
	6a Gross rents	(i) Real	(ii) Personal			
		6a	535,587			
		b Less rental expenses	6b	184,850		
		c Rental income or (loss)	6c	350,737		
	d Net rental income or (loss) ▶		350,737		350,737	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	385,305,462	15,373		
		b Less cost or other basis and sales expenses	7b	386,951,948	0	
		c Gain or (loss)	7c	-1,646,486	15,373	
	d Net gain or (loss) ▶		-1,631,113		-1,631,113	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		8a			
	b Less direct expenses		8b			
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19		9a			
	b Less direct expenses		9b			
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances		10a	94,700		
b Less cost of goods sold		10b	66,527			
c Net income or (loss) from sales of inventory . . ▶			28,173		28,173	
Miscellaneous Revenue		Business Code				
11a BARBER AND BEAUTY		623000	648,871		648,871	
b TRANSPORTATION		623000	146,310		146,310	
c GARAGE FEES		623000	101,706		101,706	
d All other revenue			170,968		170,968	
e Total. Add lines 11a-11d ▶			1,067,855			
12 Total revenue. See instructions ▶			181,126,039	173,260,002	0	4,313,033

Form 990 (2019)

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 <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	28,037	28,037		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,977,616		2,977,616	
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.	82,136,899	70,330,488	11,806,411	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	968,047	771,677	196,370	
9 Other employee benefits.	11,104,042	9,873,664	1,230,378	
10 Payroll taxes.	6,095,477	5,106,608	988,869	
11 Fees for services (non-employees)				
a Management.	11,147,135	10,914,973	232,162	
b Legal.	309,723	133,386	176,337	
c Accounting.	205,234	34,308	170,926	
d Lobbying.	27,786		27,786	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	194,324		194,324	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,030,323	12,941,574	1,088,749	
12 Advertising and promotion.	197,137	110,248	86,889	
13 Office expenses.	7,529,513	6,880,784	648,729	
14 Information technology.	1,868,492	1,673,062	195,430	
15 Royalties.				
16 Occupancy.	5,984,757	5,716,342	268,415	
17 Travel.	640,120	422,235	217,885	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	41,868	14,130	27,738	
20 Interest.	11,611,959	8,839,290	2,772,669	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	22,935,976	22,308,573	627,403	
23 Insurance.	1,750,828	1,671,457	79,371	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIETARY	6,845,573	6,826,553	19,020	
b PHARMACY EXPENSES	2,034,449	2,034,449		
c MISC	297,701	105,290	192,411	
d BAD DEBT EXPENSE	189,382	189,382		
e All other expenses	257,207	122,168	135,039	
25 Total functional expenses. Add lines 1 through 24e.	191,409,605	167,048,678	24,360,927	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,580,834	1	1,613,722
	2	Savings and temporary cash investments		1,788,669	2	22,203,074
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,684,175	4	6,601,048
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,469,413	7	526,277
	8	Inventories for sale or use		355,967	8	366,281
	9	Prepaid expenses and deferred charges		1,377,158	9	1,552,391
	10a	Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a	548,516,892		
	b	Less—accumulated depreciation	10b	203,925,759		
				316,328,036	10c	344,591,133
	11	Investments—publicly traded securities		163,704,965	11	216,223,397
	12	Investments—other securities—See Part IV, line 11		598,616	12	937,366
	13	Investments—program-related—See Part IV, line 11		460,404	13	432,603
	14	Intangible assets		4,470,485	14	1,960,000
15	Other assets—See Part IV, line 11		6,531,200	15	2,820,304	
16	Total assets. Add lines 1 through 15 (must equal line 34)		507,349,922	16	599,827,596	
Liabilities	17	Accounts payable and accrued expenses		30,037,383	17	32,823,548
	18	Grants payable			18	
	19	Deferred revenue		15,812,324	19	17,166,064
	20	Tax-exempt bond liabilities		276,079,328	20	365,728,177
	21	Escrow or custodial account liability—Complete Part IV of Schedule D		56,829	21	52,935
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		174,850,135	25	176,171,029
	26	Total liabilities. Add lines 17 through 25		496,835,999	26	591,941,753
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		10,513,923	27	7,885,843
	28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances		10,513,923	32	7,885,843	
33	Total liabilities and net assets/fund balances		507,349,922	33	599,827,596	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,126,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	191,409,605
3	Revenue less expenses Subtract line 2 from line 1	3	-10,283,566
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,513,923
5	Net unrealized gains (losses) on investments	5	11,828,430
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,510,485
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,662,459
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,885,843

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

A BENEVOLENT CARE FUND EXISTS TO PROVIDE FINANCIAL ASSISTANCE TO RESIDENTS OR CLIENTS WHO OUTLIVE THEIR ABILITY TO PAY TOTAL BENEVOLENT CARE ASSISTANCE PROVIDED WAS \$9,803,090, OF WHICH, \$9,803,090 IS OFFSETTING PROGRAM SERVICE REVENUE THERE WAS ADDITIONAL BENEVOLENT CARE ASSISTANCE PROVIDED BY OTHER ENTITIES WITHIN THE LUTHERAN SENIOR SERVICES AFFILIATED GROUP BRINGING THE TOTAL TO APPROXIMATELY \$11,624,000

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN T MUELLER CHAIRPERSON (TERM ENDED 5/19)	0 20 2 00	X		X				0	0	0
JEFFREY L DUNN CHAIRPERSON	0 20 2 00	X		X				0	0	0
SCOTT M HARTWIG SECRETARY (TERM ENDED 5/19)	0 20 2 00	X		X				0	0	0
DR F MATTHEW KUHLMANN SECRETARY	0 20 2 00	X		X				0	0	0
RICHARD J BAGY JR BOARD MEMBER (TERM ENDED 5/19)	0 20 2 00	X						0	0	0
REV ROY CHRISTELL BOARD MEMBER	0 20 2 00	X						0	0	0
DIANE R DROLLINGER BOARD MEMBER	0 20 2 00	X						0	0	0
JOHN A KOMLOS BOARD MEMBER	0 20 2 00	X						0	0	0
HARRY MUELLER BOARD MEMBER	0 20 2 00	X						0	0	0
GARY OLSON BOARD MEMBER	0 20 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA J SOMBART BOARD MEMBER	0 20 2 00	X						0	0	0
SHERRI C STRAND BOARD MEMBER	0 20 2 00	X						0	0	0
PAUL N TICE VICE CHAIRPERSON	0 20 2 00	X		X				0	0	0
DAVID ANDERSON BOARD MEMBER	0 20 2 00	X						0	0	0
JULIE BANTLE BOARD MEMBER	0 20 2 00	X						0	0	0
REV DR TRAVIS J SCHOLL BOARD MEMBER	0 20 2 00	X						0	0	0
NORMAN TOON BOARD MEMBER	0 20 2 00	X						0	0	0
DAN BROWN ASSISTANT SECRETARY	0 20 2 00	X		X				0	0	0
JOHN KOTOVSKY PRESIDENT AND CEO	26 00 15 00			X				399,732	0	17,523
PAUL J OGIER CFO AND TREASURER	26 00 15 00			X				316,744	0	16,636

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			
MARK W SCHOEDEL CHIEF DEVELOPMENT OFFICER	26 00 15 00			X				271,342	0	10,323
GARY ANDERSON CHIEF OPERATING OFFICER	26 00 15 00			X				296,182	0	38,651
LISA NORWINE CHIEF ADVANCEMENT OFFICER	26 00 15 00			X				218,854	0	38,586
VALERIE COOPER VP OF OPERATIONS AND EXEC DIRECTOR	26 00 15 00			X				173,152	0	21,226
CHAD SNEED VP OF FINANCIAL REPORTING	26 00 15 00			X				160,068	0	26,330
RITA VICARY VP OF MARKETING COMMUNICATIONS	26 00 15 00			X				211,761	0	12,318
COLLEEN BOTTENS VP SUPPORT SERVICES & EXEC DIRECTOR	26 00 15 00			X				170,076	0	22,065
JOSH KING VP OF INFORMATION TECHNOLOGY	26 00 15 00			X				139,886	0	21,251
BRIAN REINHOLD VP OF RISK MAN & CORP SAFETY	26 00 15 00			X				135,899	0	21,768
DREW REDMAN EXECUTIVE DIRECTOR	26 00 15 00			X				137,950	0	10,393

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			
MIKE RASO	26 00									
EXECUTIVE DIRECTOR	15 00			X				148,185	0	9,674
BECKY ZIMMER	26 00									
ED OF PLANNED GIVING	15 00			X				116,564	0	6,618
JOHN TURONGIAN	26 00									
EXECUTIVE DIRECTOR	15 00			X				120,947	0	4,955
TODD YOUNG	26 00									
NETWORK DIRECTOR	15 00					X		133,357	0	14,800
LISA WILLIAMS	26 00									
REGIONAL DIRECTOR OF HR	15 00					X		139,733	0	11,267
RACHEL LITTLE	26 00									
DIRECTOR OF CLINICAL COMPLIANCE	15 00					X		142,447	0	4,555
DAVID LUETHY	26 00									
DIRECTOR OF PROCUREMENT	15 00					X		139,830	0	6,437
ERIC BOSAW	26 00									
DIRECTOR OF BUSINESS INTELLIGENCE	15 00					X		124,383	0	10,933

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2019

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,927,513	2,183,527	1,636,708	3,064,113	3,553,004	12,364,865
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	140,357,100	154,439,385	156,030,233	165,559,258	173,260,002	789,645,978
3 Gross receipts from activities that are not an unrelated trade or business under section 513			27,057	31,127	94,700	152,884
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	142,284,613	156,622,912	157,693,998	168,654,498	176,907,706	802,163,727
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			344,111	330,344	323,294	997,749
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b			344,111	330,344	323,294	997,749
8 Public support. (Subtract line 7c from line 6.)						801,165,978

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	142,284,613	156,622,912	157,693,998	168,654,498	176,907,706	802,163,727
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,287,793	3,566,475	2,790,612	3,294,275	5,032,968	17,972,123
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,287,793	3,566,475	2,790,612	3,294,275	5,032,968	17,972,123
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,474,944	2,807,153	2,521,286	1,296,860	1,067,855	10,168,098
13 Total support. (Add lines 9, 10c, 11, and 12.)	148,047,350	162,996,540	163,005,896	173,245,633	183,008,529	830,303,948
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	96.490 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	96.260 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	2.160 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	2.160 %
19a 33 1/3% support tests—2019. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2018. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11a		
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	11b		
		11c		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, 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 2019 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 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	<p>MEAL INCOME - 2015 AMOUNT \$ 577,123 2016 AMOUNT \$ 580,094 2017 AMOUNT \$ 650,430 TRANSPORTATION - 2015 AMOUNT \$ 91,858 2016 AMOUNT \$ 97,758 2017 AMOUNT \$ 69,165 2018 AMOUNT \$ 100,550 2019 AMOUNT \$ 146,310 TELEPHONE - 2015 AMOUNT \$ 10,688 2016 AMOUNT \$ 9,000 2017 AMOUNT \$ 8,509 2018 AMOUNT \$ 7,369 2019 AMOUNT \$ 4,914 MISCELLANEOUS - 2015 AMOUNT \$ 126,698 2016 AMOUNT \$ 554,815 2017 AMOUNT \$ 253,590 2018 AMOUNT \$ 35,707 2019 AMOUNT \$ 8,793 GIFT SHOP - 2015 AMOUNT \$ 20,949 2016 AMOUNT \$ 28,208 MAINTENANCE - 2015 AMOUNT \$ 20,383 2016 AMOUNT \$ 30,951 2017 AMOUNT \$ 49,696 2018 AMOUNT \$ 64,140 2019 AMOUNT \$ 23,775 LAUNDRY - 2015 AMOUNT \$ 821,062 2016 AMOUNT \$ 708,055 2017 AMOUNT \$ 725,086 2018 AMOUNT \$ 286,684 2019 AMOUNT \$ 1,890 HOUSEKEEPING - 2015 AMOUNT \$ 11,339 2016 AMOUNT \$ 6,941 2017 AMOUNT \$ 10,931 2018 AMOUNT \$ 3,401 2019 AMOUNT \$ 3,005 GUEST ROOM - 2015 AMOUNT \$ 78,678 2016 AMOUNT \$ 68,260 2017 AMOUNT \$ 81,187 2018 AMOUNT \$ 79,848 2019 AMOUNT \$ 76,499 GARAGE FEES - 2015 AMOUNT \$ 55,955 2016 AMOUNT \$ 51,244 2017 AMOUNT \$ 52,095 2018 AMOUNT \$ 98,586 2019 AMOUNT \$ 101,706 CHAPEL - 2015 AMOUNT \$ 24,289 2016 AMOUNT \$ 23,779 2017 AMOUNT \$ 19,955 2018 AMOUNT \$ 305 BARBER AND BEAUTY - 2015 AMOUNT \$ 609,712 2016 AMOUNT \$ 619,386 2017 AMOUNT \$ 573,425 2018 AMOUNT \$ 614,411 2019 AMOUNT \$ 648,871 ACTIVITIES - 2015 AMOUNT \$ 26,210 2016 AMOUNT \$ 28,662 2017 AMOUNT \$ 27,217 2018 AMOUNT \$ 5,859 2019 AMOUNT \$ 4,847 PNC REWARDS - 2019 AMOUNT \$ 47,245</p>

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

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

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

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

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

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

Name of the organization LUTHERAN SENIOR SERVICES	Employer identification number 43-0654862
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated group
totals

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

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

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

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		27,786
j	Total. Add lines 1c through 1i			27,786
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493238011010	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ 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 instructions and the latest information.</div>			<div>OMB No 1545-0047</div> <div>2019</div> <div>Open to Public Inspection</div>
Name of the organization LUTHERAN SENIOR SERVICES				Employer identification number 43-0654862	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2019	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		23,540,017		23,540,017
b Buildings		418,039,328	169,230,964	248,808,364
c Leasehold improvements		20,516,271	11,901,502	8,614,769
d Equipment		36,735,072	22,793,293	13,941,779
e Other		49,686,204		49,686,204
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				344,591,133

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	176,171,029

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 ☒

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

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

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number

43-0654862

Part I General Information on Grants and Assistance

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

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

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

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIP	7	22,119			
(2) WEBSTER CHILD CARE	5	5,918			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	TO QUALIFY FOR NURSING SCHOLARSHIP, AN EMPLOYEE MUST BE RECOMMENDED BY THEIR SUPERVISOR THIS IS FORWARDED THROUGH THE CARE CENTER ADMINISTRATOR FOR APPROVAL OF THE AMOUNT OF ASSISTANCE TO QUALIFY FOR WEBSTER CHILD CARE, AN EMPLOYEE AT LACLEDE GROVES (LG) MUST BE FULL TIME WHO HAS WORKED FOR 6 MONTHS OR MORE WITH NO DISCIPLINARY PROBLEMS ON FILE THE EMPLOYEE WOULD THEN SUBMIT A FINANCIAL APPLICATION INCLUDING TWO EARNINGS STATEMENTS TO WEBSTER CHILD CARE (WCC) WCC REVIEWS THE APPLICATION AND ASSURES THE EMPLOYEE MEETS LG EMPLOYMENT REQUIREMENTS IF APPROVED, AMOUNT WILL DEPEND UPON THE AMOUNT OWED FOR CHILD CARE (NUMBER OF DAYS A WEEK AND CHILD'S AGE DETERMINES COST) AND THE EMPLOYEES NEED PER THEIR FINANCIAL APPLICATION IF APPROVED FOR ASSISTANCE, WCC DETERMINES AMOUNT UNITED WAY WILL PAY, AMOUNT GRANT FROM LSS WILL PAY AND REMAINING AMOUNT EMPLOYEE WILL PAY

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization LUTHERAN SENIOR SERVICES	Employer identification number 43-0654862
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	JOHN R. KOTOVSKY HAS A HOUSING ALLOWANCE RELATED TO HIS PASTORAL DUTIES THAT IS INCLUDED IN HIS OTHER REPORTABLE COMPENSATION.
PART I, LINE 4B	DEPOSITS MADE INTO ACCOUNTS BY ORGANIZATION: GARY ANDERSON - SEC 457(B) PLAN - \$20,000; LISA NORWINE - SEC 457(B) PLAN - \$20,000; CHAD SNEED - SEC 457(B) PLAN - \$10,000; JOSH KING - SEC 457(B) PLAN - \$10,000; BRIAN REINHOLD - SEC 457(B) PLAN - \$10,000; VALERIE COOPER - SEC 457(B) PLAN - \$10,000; COLLEEN BOTTENS - SEC 457(B) PLAN - \$10,000; JOHN KOTOVSKY - SEC 457(F) PLAN - \$27,612; PAUL OGIER - SEC 457(F) PLAN - \$27,920; GARY ANDERSON - SEC 457(F) PLAN - \$19,546; LISA NORWINE - SEC 457(F) PLAN - \$16,053; MARK SCHOEDEL - SEC 457(F) PLAN - \$16,474. PAYMENTS RECEIVED FROM PLAN: PAUL OGIER - SEC 457(B) PLAN - \$22,309; JOHN KOTOVSKY - SEC 457(B) PLAN - \$21,668; MARK SCHOEDEL - SEC 457(B) PLAN - \$98,555; RITA VICARY - SEC 457(B) PLAN - \$10,037; PAUL OGIER - SEC 457(F) PLAN - \$4,677; MARK SCHOEDEL - SEC 457(F) PLAN - \$39,658.
SCHEDULE J PART II	LUTHERAN SENIOR SERVICES IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 18 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN. DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S (WHICH ARE FILED BY 15 OF THE 18 LSS ENTITIES), SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS RELATED ONLY TO THAT PARTICULAR ENTITY. HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE ORGANIZATION. TO HELP MAKE THIS INFORMATION MORE MEANINGFUL, THE FOLLOWING PARAGRAPH PROVIDES A SUMMARY OF THE OVERALL OPERATIONS OF LSS. LUTHERAN SENIOR SERVICES IS A NOT-FOR-PROFIT ORGANIZATION OWNED BY 104 LUTHERAN CHURCHES AND WAS INITIALLY FOUNDED IN 1858. LUTHERAN SENIOR SERVICES OPERATES 10 SENIOR LIVING COMMUNITIES SERVING OVER 3,000 OLDER ADULTS, NINE AFFORDABLE HOUSING COMMUNITIES SERVING OVER 570 OLDER ADULTS AND A VARIETY OF IN-HOME SERVICES PROGRAMS SERVING OVER 5,000 OLDER ADULTS. IN 2019, LSS HAD TOTAL ASSETS OF \$897,311,146, PROVIDED APPROXIMATELY \$11,624,000 IN BENEVOLENT CARE, HAD NEARLY 68,000 VOLUNTEER HOURS, AND EMPLOYED 16 CHAPLAINS.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN KOTOVSKY PRESIDENT AND CEO	(i)	273,009	27,612	99,111	12,019	5,504	417,255	0
	(ii)	0	0	0	0	0	0	0
1PAUL J OGIER CFO AND TREASURER	(i)	230,315	57,920	28,509	11,200	5,436	333,380	0
	(ii)	0	0	0	0	0	0	0
2MARK W SCHOEDEL CHIEF DEVELOPMENT OFFICER	(i)	115,773	17,019	138,550	6,168	4,155	281,665	0
	(ii)	0	0	0	0	0	0	0
3GARY ANDERSON CHIEF OPERATING OFFICER	(i)	264,659	30,000	1,523	31,200	7,451	334,833	0
	(ii)	0	0	0	0	0	0	0
4LISA NORWINE CHIEF ADVANCEMENT OFFICER	(i)	203,810	14,250	794	28,950	9,636	257,440	0
	(ii)	0	0	0	0	0	0	0
5VALERIE COOPER VP OF OPERATIONS AND EXEC DIRECTOR	(i)	172,930	0	222	14,422	6,804	194,378	0
	(ii)	0	0	0	0	0	0	0
6CHAD SNEED VP OF FINANCIAL REPORTING	(i)	159,872	0	196	16,683	9,647	186,398	0
	(ii)	0	0	0	0	0	0	0
7RITA VICARY VP OF MARKETING COMMUNICATIONS	(i)	142,049	59,017	10,695	8,624	3,694	224,079	0
	(ii)	0	0	0	0	0	0	0
8COLLEEN BOTTENS VP SUPPORT SERVICES & EXEC DIRECTOR	(i)	158,152	11,623	301	15,270	6,795	192,141	0
	(ii)	0	0	0	0	0	0	0
9JOSH KING VP OF INFORMATION TECHNOLOGY	(i)	139,794	0	92	11,454	9,797	161,137	0
	(ii)	0	0	0	0	0	0	0
10BRIAN REINHOLD VP OF RISK MAN & CORP SAFETY	(i)	135,790	0	109	15,671	6,097	157,667	0
	(ii)	0	0	0	0	0	0	0
11MIKE RASO EXECUTIVE DIRECTOR	(i)	134,576	13,000	609	5,986	3,688	157,859	0
	(ii)	0	0	0	0	0	0	0
12LISA WILLIAMS REGIONAL DIRECTOR OF HR	(i)	132,648	6,400	685	5,805	5,462	151,000	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN SENIOR SERVICES

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number
43-0654862

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI	43-1178966	60635HM55	09-29-2011	47,187,481	CAPITAL IMPROVEMENTS TO LUTHERAN SENIOR SERVICES		X		X		X
B HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2014A	43-1178966	60635HS26	06-04-2014	84,146,040	REFUNDING OF 2004 BONDS AND CAPITAL IMPROVEMENTS		X		X		X
C HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SER 2014B	43-1178966		06-04-2014	50,000,000	REFUNDING OF 2008 BONDS		X		X		X
D HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SERIES 2016A	43-1178966	60635HU56	01-29-2016	58,320,378	ACQUISITION OF MASON POINTE AND OTHER LSS CAPITAL PROJECTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	7,550,000		5,305,000		30,000,000		2,835,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	47,452,221		84,658,512		50,000,000		58,386,615	
4	Gross proceeds in reserve funds	871,285		3,866,287				3,409,829	
5	Capitalized interest from proceeds			1,293,330				952,321	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	751,862		284,416				851,018	
8	Credit enhancement from proceeds							1,895	
9	Working capital expenditures from proceeds	5,541,743		745,123					
10	Capital expenditures from proceeds	40,287,331		54,739,476				50,625,563	
11	Other spent proceeds			23,729,880		50,000,000		2,545,989	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2016		2015		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOU DATE THE REBATE COMPUTATION WAS PERFORMED 09/29/2013
	ISSUER NAME HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI DATE THE REBATE COMPUTATION WAS PERFORMED 06/01/2019

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

Return Reference	Explanation
SCHEDULE K, ENTITY 2, PAGE 1, PART I, LINE C, COLUMN F - PURPOSE	TO REFUND SERIES 2000 BONDS ISSUED 12/21/2000, 2010 BONDS ISSUED 10/14/2010, PARTIALLY REFUND 2014B BONDS ISSUED 8/14/2015, 2014C BONDS ISSUED 2/5/2015 AND 2014D BONDS ISSUED 2/1/2016

Return Reference	Explanation
SCHEDULE K, ENTITY 2, PAGE 1, PART I, LINE C, COLUMN E - ISSUE PRICE	ISSUE PRICE LISTED ON 8038 PART III LINE 21 IS \$151,834,192, WHICH INCLUDES \$20,000,000 OF REISSUED 2014B BONDS THESE BONDS ARE ALREADY RECORDED ON SCHEDULE K AND AS A RESULT, HAVE BEEN EXCLUDED FROM THE ISSUE PRICE OF THIS ISSUANCE

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN A	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/19 OF \$264,740

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN B	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/19 OF \$512,472

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 1, PART II, LINE 3, COLUMN D	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/19 OF \$66,237

Return Reference	Explanation
SCHEDULE K, PAGE 1, ENTITY 2, PART II, LINE 3, COLUMN A	PROCEEDS DIFFERS FROM ISSUANCE PRICE DUE TO INCLUSION OF ACCUMULATED INTEREST INCOME THROUGH 12/31/19 OF \$437,446

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (A) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/19 EQUALS \$3,617,317 THIS AMOUNT IS REDUCED BY \$96,032, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT AND \$2,650,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (B) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/19 EQUALS \$5,669,296 THIS AMOUNT IS REDUCED BY \$86,958, WHICH REPRESENTS THE DIFFERENCE BETWEEN CURRENT MARKET VALUE OF DEBT RESERVE FUNDS AND THE INITIAL FUNDING AMOUNT, \$1,541,208, WHICH REPRESENTS FUNDS NOT FROM DEBT PROCEEDS SINCE IT WAS A REFUNDING ISSUE

Return Reference	Explanation
SCHEDULE K, ENTITY 1, PAGE 1, PART II, LINE 4, COLUMN (D) - RESERVE FUNDS	THE TOTAL AMOUNT OF GROSS PROCEEDS IN RESERVE FUNDS AT 12/31/19 EQUALS \$3,409,829 THIS AMOUNT IS REDUCED BY \$2,550,000, WHICH REPRESENTS AN LSS EQUITY CONTRIBUTION

Return Reference	Explanation
SCHEDULE K, PAGE 1, PART I	THE 2019 SERIES C BONDS WERE USED TO REFUND THE SERIES 2010, 2014C, AND 2014D BONDS, WHICH ARE NO LONGER REQUIRED TO BE DISCLOSED ON SCHEDULE K

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SER 2016B&C	43-1178966	60635HZ85	11-04-2016	123,622,927	REFUNDING OF SERIES 2006, 2007A, 2007B, AND 2007C BONDS AND CAPITAL PROJECTS		X		X		X
B	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SER 2019A	43-1178966	60635H2S7	02-25-2019	96,498,029	CAPITAL IMPROVEMENTS TO LUTHERAN SENIOR SERVICES		X		X		X
C	HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF STATE OF MISSOURI SER 2019C	43-1178966	60635H3E7	11-05-2019	131,834,192	SEE SUPPLEMENTAL INFORMATION IN PART VI		X		X		X

Part II Proceeds											
						A		B		C	
1 Amount of bonds retired						9,010,000					
2 Amount of bonds legally defeased											
3 Total proceeds of issue						124,060,373		96,498,029		131,834,192	
4 Gross proceeds in reserve funds						782,691		1,527,650			
5 Capitalized interest from proceeds						1,941,885		8,904,110			
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds						1,561,698		405,000		1,265,448	
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds						286,004		144,248			
10 Capital expenditures from proceeds						36,000,000		49,429,400			
11 Other spent proceeds						83,336,653				130,568,744	
12 Other unspent proceeds								36,087,621			
13 Year of substantial completion						2017		2020		2019	
						Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?						X			X	X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?						X			X	X	
16 Has the final allocation of proceeds been made?							X		X	X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?						X			X	X	

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b Name of provider					PNC BANK NATIONAL ASSOCIATION			
c Term of hedge					600 0000000000 %			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
LUTHERAN SENIOR SERVICES**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

2019**Open to Public
Inspection****Employer identification number**

43-0654862

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I CONTINUATION	LUTHERAN SENIOR SERVICES IS A LARGE COMPLEX ORGANIZATION THAT IS COMPRISED OF 18 SEPARATE LEGAL ENTITIES, EACH OF WHICH FILES ITS OWN TAX RETURN DUE TO THE REQUIREMENTS FOR COMPLETING THESE 990'S (WHICH ARE FILED BY 15 OF THE 18 LSS ENTITIES), SOME OF THE INFORMATION CONTAINED WITHIN THE FORM, SUCH AS REVENUE AND EXPENSES, IS RELATED ONLY TO THAT PARTICULAR ENTITY HOWEVER, SOME OF THE INFORMATION, SUCH AS EXECUTIVE COMPENSATION, RELATES TO THE ENTIRE ORGANIZATION TO HELP MAKE THIS INFORMATION MORE MEANINGFUL, THE FOLLOWING PARAGRAPH PROVIDES A SUMMARY OF THE OVERALL OPERATIONS OF LSS LUTHERAN SENIOR SERVICES IS A NOT F OR PROFIT ORGANIZATION OWNED BY 104 LUTHERAN CHURCHES AND WAS INITIALLY FOUNDED IN 1858 LUTHERAN SENIOR SERVICES OPERATES TEN SENIOR LIVING COMMUNITIES SERVING OVER 3,000 OLDER ADULTS, EIGHT AFFORDABLE HOUSING COMMUNITIES SERVING OVER 570 OLDER ADULTS AND A VARIETY OF IN HOME SERVICES PROGRAMS SERVING OVER 5,000 OLDER ADULTS IN 2019, LSS HAD TOTAL OPERATING INCOME OF APPROXIMATELY \$237,000,000, PROVIDED APPROXIMATELY \$11,624,000 IN BENEVOLENT CARE, HAD NEARLY OVER 68,000 VOLUNTEER HOURS, AND EMPLOYED 16 CHAPLAINS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION REVISED THEIR BYLAWS IN JANUARY 2019 TO CHANGE THE REQUIREMENT TO AT LEAST SIXTY SEVEN (67%) OF ALL VOTING DIRECTORS SHALL BE COMMUNICANT MEMBERS IN GOOD STANDING OF CONGREGATIONS WHICH ARE MEMBERS OF THE ORGANIZATION AND AT LEAST 30% OF ALL VOTING DIRECTORS SHALL BE COMMUNICANT MEMBERS IN GOOD STANDING OF MEMBER CONGREGATIONS OF THE LUTHERAN CHURCH-MISSOURI SYNOD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION (THE "MEMBERS") SHALL BE THOSE LUTHERAN CONGREGATIONS LOCATED WITHIN A RADIUS OF APPROXIMATELY 150 MILES FROM ST LOUIS MISSOURI, WHICH APPLY FOR AND ARE ADMITTED INTO MEMBERSHIP IN ACCORDANCE WITH THESE BYLAWS FOR PURPOSES OF THESE BYLAWS, "LUTHERAN CONGREGATION" SHALL REFER TO A MEMBER CONGREGATION OF EITHER THE LUTHERAN CHURCH-MISSOURI SYNOD OR THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MERGER (OTHER THAN A MERGER IN WHICH THE CORPORATION IS THE SURVIVING ENTITY), DISSOLUTION, OR SALE OR DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS, OF THE CORPORATION SHALL REQUIRE THE VOTE OF THE LESSER OF TWO-THIRDS OF THE MEMBERS OF THE CORPORATION PRESENT AT A DULY CALLED AND CONVENED MEETING OF THE MEMBERS AND A MAJORITY OF ALL OF THE MEMBERS THE MEMBERS MAY AT ANY TIME AND FOR WHATEVER REASON OR CAUSE, AS THEY MAY DEEM BEST IN THEIR SOLE DISCRETION, REMOVE ANY VOTING DIRECTOR BY A TWO-THIRDS MAJORITY VOTE OF ALL THE MEMBERS PRESENT AT A DULY CALLED AND CONVENED MEETING OF THE MEMBERS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET PERIODIC PENSION COST -679,234 CHANGE IN VALUE OF INTEREST RATE SWAP -1,585,997 OTHE R CHANGES IN PLAN ASSETS AND BENEFIT OBLIGATIONS 602,772

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

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

2019

Open to Public Inspection

Name of the organization
LUTHERAN SENIOR SERVICES

Employer identification number
43-0654862

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MACKENZIE PLACE LIHTC GP LLC 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 27-2136187	DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES	MO	30	541	LUTHERAN SENIOR SERVICES
(2) DUNN ROAD MANOR LIHTC GP LLC 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 47-4889447	DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES	MO	29	626	LUTHERAN SENIOR SERVICES

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) PROVIDENT GROUP INC 1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 30-0134496	DEVELOPMENT & MANAGEMENT OF SENIOR LIVING FACILITIES	MO	LUTHERAN SENIOR SERVICES	C	149,438		100 000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUTHERAN SENIOR SERVICES ENDOWMENT FUND	C	3,553,004	G/L DETAIL

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0654862

Name: LUTHERAN SENIOR SERVICES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1818832	SENIOR LIVING	MO	501(C)(3)	LINE 12A, I	LUTHERAN SENIOR SERVICES	Yes	
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1660879	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1874215	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1736720	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 20-1889216	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 02-0667342	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 02-0568032	SENIOR LIVING	IL	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1415588	SENIOR LIVING	IL	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 43-1147326	SENIOR LIVING	MO	501(C)(3)	LINE 10	LUTHERAN SENIOR SERVICES	Yes	
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1199021	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-0818454	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 37-1371314	SENIOR LIVING	MO	501(C)(3)	LINE 7	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 45-4000626	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No
1150 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144 27-3777863	SENIOR LIVING	MO	501(C)(3)	LINE 10	N/A		No