Form (Rev January 2020) \*

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Section 501(c), 527, or 4947(a)(1) of the Internal Parameters (Parameters)

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.

2019 Open to Public

Α	For	the 2019 c	alendar year, o	or tax year b	eginning		, and ending				
В	Check	ıf applicable	C Name of organi	~		HERAN C	CHURCH FOUNI	DATION,		D Employ	er Identification number
	Addres	ss change		ì	NC.					_[	
Г	Name	change	Doing business				<u> </u>				L600961
F	]   Initial r	*		•	mail is not delivered		ss)		Room/suite	410-	ne number -752-7179
Ŀ					ountry, and ZIP or fo		9		<u> </u>	1	732 7273
L	termin		BALTIMO			MD 212					ceipts \$ 3,563,939
	Amenç	ded return	F Name and addr		ficer	IN ZIZ.	30 3033			G Gross re	
Г	Applica	ation pending		HACKER					H(a) Is this a g	roup return for	subordinates? Yes X No
<b>.</b>	<b>-</b> ···	. •		_	ARLES S	TERET			H(b) Are all su	ibordinates incl	uded? Yes No
			BALTIN			MD	21230-38	35			(see instructions)
-	T		X 501(c)(		· ( ) •	(insert no )	4947(a)(1) or		7		
<u> </u>		exempt status	WW.CHRI				4947(a)(1) or	<del>    *( )                                </del>	H(c) Group ex		
7						Other ►		1.		1988	M State of legal domicile MI
	Part	of organization	ummary	JII   IIUSL	Association	Other		1-	rear or ionnation .	2300	I M State of legal doffliche
E		· · · · · · · · · · · · · · · · · · ·	escribe the orga	nization's mis	cion or most si	anificant acti		+			<del></del>
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_		b Net unrei	iateu busiriess t	axable incom	e iroin Form 98	<u> ود چران ۱۰۱۰</u>	RECEIVE		Prior Yo		Current Year
	. 8	Contribut	tions and grants	s (Part VIII, lin	e 1h)	ا	NEOLIT	78		<del></del>	0
	9	Program	SARVICA FAVARILI	o (Part VIII lir	ne 2a)	ကြ	a a 202	101			0
	10	) Investme	ent income (Parl	t VIII. column	(A), lines 3, 4,	and 7d 2	NOV 20 202	20 125	47	79,506	835,837
_	1 11	i Oiner rev	renue (Part VIII.	COLUMN (A)	iiness na ac	ye iue and	11e)	—— <u> </u> <u>—</u>			0
2021	12	2 Total rev	enue – add line	s 8 through 1	1 (must equal F	art VIII, colu	maden, l		47	79,506	835,837
$\overline{\alpha}$	13	Grants a	nd sımılar amou	ints paid (Par	t IX, column (A	lines 4-3)			41	1,967	428,033
9			paid to or for me			· ·					0
	ທ   15	Salaries,	other compens	ation, employ	ee benefits (Pa	rt IX, columi	n (A), lines 5–10)				0
DEC G	일   16	a Profession	nal fundraising	fees (Part IX,	column (A), lin	e 11e)					0
			draising expens					0			
$\Omega$	Ď   <sub>17</sub>		penses (Part IX						5	7,232	46,598
¥			enses Add line				, line 25)			9,199	
SCANNE			less expenses						1	0,307	361,206
$\mathcal{K}^{\frac{1}{2}}$	S S								Beginning of Ci		End of Year
က်	20 21	) Total ass	ets (Part X, line	e 16)					7,64	12,762	8,873,028
4	置 21	l Total liab	olities (Part X, Io	ne 26)						0	
-			ts or fund balan		line 21 from lin	e 20			7,64	2,762	8,873,028
	Parti		gnature Blo								_ <del></del>
											owledge and belief, it is
_	true, co	orrect, and co	omplete Declara	tion of prepare	riother than oπic	er) is based (	on all information of v	wnich preparer	nas any knowledg	je	
_					V. Aa	<del></del>					
	ign		Signature of officer		K KK	Ma	Λ.			Date	11/17/2
Н	ere	-	GARY H	•	$\frac{1}{2}$	110	<u></u>	TREAS	URER		
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-		Firm's ad		BEL AIR	·	1014			l	Phone no	410-692-5283
_			s this return with				ctions)		<u>-</u>		X Yes No
F	or Pape	rwork Redu	uction Act Notice	e, see the sep	arate instructio	ns.					Form <b>990</b> (2019)

Form 990 (2019) CHRIST LUTHE	RAN CHURCH FOUNDATION,	52-1600961	Page <b>2</b>
Partill Statement of Prograi	m Service Accomplishments		
1 Briefly describe the organization's miss	contains a response or note to any lin	ie in this Part III	
TO FOSTER AND PROMOT	THE CHARITABLE AND RALTIMORE CITY, MARYLAN		OF CHRIST
prior Form 990 or 990-EZ?	nificant program services during the year which	h were not listed on the	Yes X No
If "Yes," describe these new services of Did the organization cease conducting	on Schedule O , or make significant changes in how it conduct	ts any program	
services?	, or make significant changes in now it concess.	io, any program	Yes X No
If "Yes," describe these changes on So			
	ervice accomplishments for each of its three lai c)(4) organizations are required to report the ar r, for each program service reported		
	428,033 including grants of \$ THE CHARITABLE AND RELISALTIMORE CITY, MARYLAN TION, AND WORSHIP.		CHRIST
4b (Code ) (Expenses \$ N/A	including grants of \$	) (Revenue	\$ )
4c (Code ) (Expenses \$ N/A	including grants of \$	) (Revenue	\$ )
4d Other program services (Describe on S (Expenses \$ 4e Total program service expenses ▶	Schedule O) including grants of \$ <b>428</b> ,033	) (Revenue \$	<u>)</u>
			- 000

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Part V Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 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
  - 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
  - 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
  - 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
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

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Form <b>990</b> (2019

	Checklist of Required Schedules (continued)	<u> </u>		<del></del>		raye
					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	ו				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22	ļ	X
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	<u> </u>	X
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 2	4b				
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Qid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24 <u>b</u>	<b></b>	<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	r				
	to defease any tax-exempt bonds?			24c	+	+-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_		24d	+	+
25a		enefit				<b>.</b>
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E	Ζ,		256		x
	If "Yes," complete Schedule L, Part I	4		25b	+-	+^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr	ent				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			26		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				+	+
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	еу				
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, F	рап				
20	IV instructions, for applicable filing thresholds, conditions, and exceptions).	u.,				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	f		[11] Man Aresta		THE PERSONNEL
a	"Yes," complete Schedule L, Part IV	•		28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b	1	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				1	
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N	l, Pan	1	31		X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	ons				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II	I,			l	
	or IV, and Part V, line 1			34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a	<b>├</b>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b	+	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36	<del> </del>	X
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			37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b a	nd			x	
egii—"	19? Note: All Form 990 filers are required to complete Schedule O			38	<u> </u>	
aP.	Statements Regarding Other IRS Filings and Tax Compliance					$\Box$
	Check if Schedule O contains a response or note to any line in this Part V				\\\	No
	E. M. W. C. When would do Down of Front 4000. Fortro O. Anather Market	ا ۱	0		Yes	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
n	Enter the number of Forms vv-2G included in line 18. Enter -U- it Not applicable	יטו	~	Track all a	m 196#erf-ri⊞i	ar-1990ter:1900

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) CHRIST LUTHERAN CHURCH FOUNDATION, 52-1600963

Rank Statements Regarding Other IRS Filings and Tax Compliance (continued)

i ilitare	Otatements Regarding Other Into Finings and Tax Compitation (Committee	<u> </u>		- · · · · · · · · · · · · · · · · · · ·		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı	1		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		K#EILIGUML
J	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q			3b		
4a		ority o	ver			
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		X
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 According to the foreign Bank and Financial According t	ounts (	FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	· - · · · <b>/</b>	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
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	}	х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).			(L. ); (1. ); (L. ) (1. ); (1. )		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
_	and services provided to the payor?			7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	i file a	Form 1098-C	? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the				
	sponsoring organization have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	11.122111211111	Latini scienza
10	Section 501(c)(7) organizations. Enter		1			
а	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		1			
а	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	L			
12a			1	12a		James
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	Peneronal ar	
	Note: See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا ا	I			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<del> </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C			14b		├
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or				
	excess parachute payment(s) during the year?			15	adsa.	X
	If "Yes," see instructions and file Form 4720, Schedule N	_				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		X
	If "Yes," complete Form 4720, Schedule O					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

<u>۲</u>	a	9	е	0

Sec	tion A. Governing Body and Management												
			10	Mil. Mandallal	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10										
	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 on Schedule O	l l	10										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10										
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		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct					<b>.</b>							
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			5		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?												
6	Did the organization have members or stockholders?			6		X							
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		X							
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	is. (6)200/990	<b>X</b>							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	llowing										
а	The governing body?			8a	X	<u> </u>							
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>							
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 on Schedule O			9_	L	<u> </u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal Re	evenue	Code.)		<del>.                                    </del>							
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		X							
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	х								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
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	X	<b></b>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b	X	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"												
	describe in Schedule O how this was done			12c	X								
13	Did the organization have a written whistleblower policy?			13		X							
14	Did the organization have a written document retention and destruction policy?			14	_0446.441.00	X ABotes Bletter							
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?												
а	The organization's CEO, Executive Director, or top management official			15a		X							
b	Other officers or key employees of the organization			15b	La4d##m#7	<b>X</b>							
	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		X							
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		<u> </u>							
Sec	tion C. Disclosure			_									
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990-T (Section 6104 or 1024-	on 501(	c)										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply												
	Own website Another's website X Upon request Other (explain on Schedule O)												
19	Describe on 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	<b>•</b>											
G	ARY HACKER 701 SOUTH CHARLES STREET												
R.	ALTIMORE MD 2123	30	4	10-75	2-7	179							

Form 990 (20	O19) CHRIST	LUTHERAN	CHURCH	FOUNDATION,	52-1600961	Page			
Part VII	Compensatio	n of Officers,	Directors,	Trustees, Key Emp	loyees, Highest Compensate	d Employees, and			
Independent Contractors									
	Check if Sche	ın this Part VII							
Section A.	Officers, Directo	rs, Trustees, Key	Employees,	and Highest Compensa	ted Employees				

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/irustee)					an e)	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(**21033-11130)	(W27633-MIGG)	related organizations	
(1) JAMES COBB										_	
	2.00								•	•	
PRESIDENT	0.00	X		X				0	0	0	
(2) LAURIE DIETRICH											
	2.00	١,,		٠,					^	^	
VICE PRESIDENT	0.00	X	$\vdash$	X	$\vdash$	$\vdash$		0	0	0	
(3) GARY HACKER											
	2.00			x				o	o	0	
TREASURER (4) NICOLE KNOCHE	0.00	X		^		<del> </del>	-	0	<u> </u>	0	
(4) NICOLE KNOCHE	2.00										
DIRECTOR	0.00	x						o	0	0	
(5) RUFUS LUSK	0.00	<u> </u>						0		0	
(5) ROPOS LOSK	2.00										
SECRETARY	0.00	x		x				o	0	0	
(6) PAULA MONTGOMERY		1		-		$\vdash$					
(0) I HOLLI HON I GOLLINA	2.00										
DIRECTOR	0.00	x						o	0	0	
(7) KAREN OLSON	- 0.00	<del> </del> -		-		<del>                                     </del>				<del></del>	
(///шшші одбон	2.00										
DIRECTOR	0.00	x						O	0	0	
(8) EDGAR SCHICK	<u> </u>								<del></del>	<del>**•</del> • • • • • • • • • • • • • • • • • •	
(0, 00_ 00_ 00_ 000_ 000	2.00										
DIRECTOR	0.00	X						0	0	0	
(9)									- "		
(10)	-	<del> </del>					-				
(11)			_								

DAA

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one oox, 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				
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(44-2/1099-4413-0)	(**21033*********************************	related organizations			
		!											
							•						
										12-12-12-12-12-12-12-12-12-12-12-12-12-1			
· · · · · · · · · · · · · · · · · · ·						<b></b>				-			
1b Subtotal c Total from continuation shee	ets to Part VII, S	ectio	on A	L			<b>&gt;</b>						
d Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from the compensation f	•		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 of				
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization.</li> </ul>	complete Schedu 1a, is the sum o	<i>ile J</i> f repo	for so	uch i le co	<i>indiv</i> ompe	<i>idual</i> ensat	on a	and other compensation from	m the	yes No 3 X 4 X			
5 Did any person listed on line 1a for services rendered to the org	ganization? <i>If "</i> Ye								dividual	5 X			
Complete this table for your five compensation from the organize	e highest comper	nsate	d inc	depe	nder r the	nt cor	ntrac ndar	ctors that received more that received more that	n \$100,000 of the organization's tax year				
	(A) business address							Descrip	(B) stron of services	(C) Compensation			
	·												
							<u> </u>						
Total number of independent or received more than \$100,000 c.								listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) Related or exempt Total revenue Unrelated business revenue from tax under sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1. b. Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Covernment grants (contributions) 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 Business Code Program Service Revenue b d f All other program service revenue Total. Add lines 2a-2f Þ Investment income (including dividends, interest, and 185,801 185,798 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents h lagas vental expenses Gb c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securitor. sales of assets 3,316,110 62,028 7а other than inventory **b** Less cost or other Other Rever 7b 2,728,102 basis and sales exps 588,008 62,028 c. Gain or (loss). 7ċ 650,036 650,036 d Net gain or (loss) 8a Gross income from fundralsing events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8.5 **b** Less direct expenses 85 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a 9ს b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code b d All other revenue ▶ Total. Add lines 11a-11d 0 835,837 185,798 Total revenue. See instructions 650,039

3000	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo				
20.00	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	428,033	428,033		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			····-	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
	Management				
b	Legal	5,250		5,250	
ا. 5	Accounting	3,230		3,230	
d	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees	38,169	THE STATE OF THE S	38,169	
g	Other (If line 11g amount exceeds 10% of line 25, column		<del></del>		
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		· · · · · · · · ·		
15	Royalties		*		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			,	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1.00		4.50	
23	Insurance	153	liin one (i Siilfylddii Germandiis Sainkailiinniibhii	153	asansanangan opinaan pagan elegis maga
24	Other expenses Itemize expenses not covered	To the state of th			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column		A CONTRACTOR OF THE PROPERTY O		
	(A) amount, list line 24e expenses on Schedule Q )		lidanis likeriaimadisistania mistor-bisi 94 kulluketen 44 kullu L	2,372	
а	FOREIGN TAXES	2,372		654	
b	BOARD MEETINGS	034		034	
C		· ·			
d	All other evpenses				
е 25	All other expenses	474,631	428,033	46,598	0
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	7/4,031	420,033	40,390	

Form 990 (2019) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 483,869 397,931 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from 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 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 8,473,969 7,158,893 11 11 Investments-publicly traded securities 12 Investments—other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 1,12815 15 Other assets See Part IV, line 11 7,642,762 8,873,028 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,642,762 8,873,028 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31

Form 990 (2019)

8,873,028

8,873,028

7,642,762

7,642,762

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

orm	990 (2019) CHRIST LUTHERAN CHURCH FOUNDATION, 52-1600961			Pag	ge <b>12</b>
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		35,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		74,	
3	Revenue less expenses Subtract line 2 from line 1	3		61,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,6	42,	762
5	Net unrealized gains (losses) on investments	5	8	69,0	060
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8,8	73,0	028
Pa	rtXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		<b>,</b>		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Şingle Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required guidt or guidte, explain why on Schedule O and describe any stens taken to undergo such guidts		3b	1	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2019

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

CHRIST LUTHERAN CHURCH FOUNDATION, INC.

Employer identification number 52-1600961

Reason for Public Charity Status (All organizations must complete this part ) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (v) Amount of monetary (vi) Amount of (II) EIN (III) Type of organization (i) Name of supported listed in your governing other support (see (described on lines 1-10 support (see organization document? instructions) instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

9	Net income from unrelated business activities, whether or not the business is regularly carried on		-	. /		1
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		-			
11	Total support. Add lines 7 through 10					
12	Gross receipts from related activities, etc. (	see instructions)	` /		12	
			,			

13 First five years. If the Form 990 is for the organization's first, second, third, fourth,/or fifth tax year as a section 501(c)(3)

organization, check this box and stop here

Section C. Computation of Public Support Percentage

	organization, check this box and stop note	Α		
Sec	tion C. Computation of Public Support Percentage	/		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column	<u>(f))</u>	14	9/

15 Public support percentage from 2018 Schedule A, Part II, line 14

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

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

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.

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.

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

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-				<b>▶</b> □
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Schedule A (Form 990 or 990-EZ) 2019

		RIST LUTH	SKAN CHURC	H FOUNDAT	TON, 52	-1000APT /	Page
Pa	irtill Support Schedule for O						
	(Complete only if you che						Part II.
	If the organization fails to	qualify under the	he tests listed b	elow, please c	omplete Part II	.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201 <sup>9</sup>	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	a =	Company of the compan	Dr. J. J Thong J. Different ST (1914-14).	Comment Caralina Commentation of		
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support				/		
Caler	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 /	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			/			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	<b>▶</b> [
Sec	tion C. Computation of Public St		age /				
15	Public support percentage for 2019 (line 8,			<u>(f)</u>		15	%
16	Public support percentage from 2018 Sche		· /	\' <i>'</i> //		16	%
	tion D. Computation of Investme			<del></del>			
17	Investment income percentage for 2019 (In			column (f))	-	17	%
18	Investment income percentage from 2018		, .	ν,,		18	%
19a	33 1/3% support tests—2019. If the orga		· 1	4, and line 15 is m	ore than 33 1/3%, a		_
	17 is not more than 33 1/3%, check this bo		1				▶ [
b	33 1/3% support tests—2018. If the orga						_
	line 18 is not more than 33 1/3%, check this	s box and <b>stop her</b>	e. The organization	qualifies as a pub	licly supported orga	anization	▶ <u></u>
20 ——	Private foundation. If the organization did	I not check a box or	1 line 14, 19a, or 19	b, check this box a	nd see instructions	Schedule A (Form 9	DO 000 571 004

Schedule A (Form 990 or 990-EZ) 2019

### Part IV Supporting Organizations

(Gomplete only if you checked a box in line 12 on 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

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

	Yes	No
<b></b>		
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3c	THUT EXHIBIT	.:::::::::::::::::::::::::::::::::::::
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9a 9b 9c		

Schedu	ule A (Form 990 or 990-EZ) 2019 CHRIST LUTHERAN CHURCH FOUNDATION, 52-	-1600961	Page 5
Par	thiv Supporting Organizations (continued)		
		Yes	No
11 .	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	<u> </u>
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	
Secti	ion B. Type I Supporting Organizations	<del></del>	
		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	
Secti	ion C. Type II Supporting Organizations		
. 4		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	
Secti	ion D. All Type III Supporting Organizations		Т
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	W (HEALE)   1865
•	the organization maintained a close and continuous working relationship with the supported organization(s)		
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	in Palacacanina
Secti	ion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ructions)	
a	The organization satisfied the Activities Test. Complete line 2 below	•	
b	The organization is the parent of each of its supported organizations. Complete line 3 below		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	ee instructions)	
		<del></del>	
2 /	Activities Test Answer (a) and (b) below.	Yes	No
а	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	an Human reasons
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	100 100 100 100 100 100 100 100 100 100
3	Parent of Supported Organizations Answer (a) and (b) below.		
а	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	na interese representa
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	! 3b	

,50e	·			
chedu	e A (Form 990 or 990-EZ) 2019 CHRIST LUTHERAN CHURCH FOUND	ATI	ON, 52-1600	961 Page 6
Par		nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2	0, 197	0 (explain in Part VI) See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E	
Secti	on 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			
col	ection of gross income or for management, conservation, or			
ma	ntenance 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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	ructions for short tax year or assets held for part of year)			
	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		
Sect	on 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		

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019

10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2019	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		Talangunang Gorang Standunang Balilan Kembuayan bang bang	
3	Excess distributions carryover, if any, to 2019			
`	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e	konselt Saldindalla Loian iku ildin Jarak alidinediku		
	Applied to underdistributions of prior years		allehinkesiorkeitelikoikenkistoi, looti oloekester liitteite	
<u>h</u>	Applied to 2019 distributable amount			### \$40 \$50 ##################################
	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	02-52-1556-C5064		
4	Distributions for 2019 from			
	Section D, line 7 \$		<u> Zan Provincia menangan kan</u> arangan piliken T	
	Applied to underdistributions of prior years		_abbioalicah_armieninakan_albimae?honae?inab-a.da	
	Applied to 2019 distributable amount			
	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 For result			
	greater than zero, explain in Part VI See instructions		ZACHAZIMA GALKET TRIC PETERMIKATA KEMBI	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			Karabon archineras nasinas sanana maranasan
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

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 )

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 Open to Public

Name of the organization

# CHRIST LUTHERAN CHURCH FOUNDATION,

Employer identification number

I	NC.	5	52-16	500961
Pa	Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Acc	ounts.	<u> </u>
E.L. Silini	Complete if the organization answered "Yes" on I			
		(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 t	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used		_
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	Intill  Conservation Easements.			<del></del>
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	Il that apply)		<del></del>
	Preservation of land for public use (for example, recreation or education)	tion) Preservation of a historically imp	ortant la	nd area
	Protection of natural habitat	Preservation of a certified historic	c structu	re
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation		
	easement on the last day of the tax year			leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	<del></del>
С	Number of conservation easements on a certified historic structure include	ded in (a)	-2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	5, and not on a	1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization du	rıng the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	cated ►		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easeme	nts durir	ng the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easements d	luring the	e year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement and		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describe	s the	
log P <del>- Tollie</del>	organization's accounting for conservation easements		<del></del>	
Pa	Organizations Maintaining Collections of Art,		illar As	ssets.
	Complete if the organization answered "Yes" on F	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under FASB ASC 958, not to rep			
	of art, historical treasures, or other similar assets held for public exhibition		lic	
	service, provide in Part XIII the text of the footnote to its financial stateme			
b	If the organization elected, as permitted under FASB ASC 958, to report			-
	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 of	ther similar assets for financial gain, provide th	ıe	$\mathcal J$

a Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under FASB ASC 958 relating to these items

\$

<u>Sc</u> he	dule D (Form 990) 2019 CHRIST L	UTHERAN CHU	JRCH FOUNDAT	TION,	52-1	600961		Page 2
	THE Organizations Maintainin	g Collections of	Art, Historical Tr	easures, c	or Other	Similar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other records,	check any of the follow	ving that make	e significar	nt use of its		
а	Public exhibition	d 🗍	Loan or exchange prog	gram				
b	Scholarly research	е 🗍	Other	_				
С	Preservation for future generations	_						
4	Provide a description of the organization's co	llections and explain I	now they further the org	janization's e	xempt purp	ose in Part		
	XIII							
5	During the year, did the organization solicit o	r receive donations of	art, historical treasures	s, or other sim	nılar		_	
	assets to be sold to raise funds rather than to						Yes	s No
Pa	rtilV Escrow and Custodial Ar							
	Complete if the organizatio	n answered "Yes	" on Form 990, Pa	rt IV, line 9	), or repo	orted an amou	nt on Form	
	990, Part X, line 21	<del></del>						
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contributions or c	other assets n	ot			
	included on Form 990, Part X?						∐ Yes	s 📙 No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		<del></del>
f	Ending balance					1f		<del></del>
	Did the organization include an amount on F						∐ Yes	s   No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been prov	ided on Part	XIII		,	
Pa	Endowment Funds.		"					
	Complete if the organizatio		T	1				
	<u> </u>	(a) Current year	(b) Pnor year	(c) Two yes	ars back	(d) Three years ba	.ck (e) Four	years back
1a	Beginning of year balance	··						
b	Contributions	<del></del> .						
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships				<u> </u>			
е	Other expenditures for facilities and							
	programs							
т -	Administrative expenses			<del> </del>				
9	End of year balance  Provide the estimated percentage of the curr	ent year and halance	(line 1a, column (a)) ha	ld ac				
2		%	(line 1g, column (a)) ne	as				
a h	Permanent endowment ► %	70						
	Term endowment ▶ %							
·	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posse		on that are held and ad	iministered fo	r the			
Ų.	organization by						Γ	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b	ĺ
4	Describe in Part XIII the intended uses of the	•						-
Pa	irtVI Land, Buildings, and Equ							
PHENERAL	Complete if the organization		" on Form 990, Pa	rt IV, line 1	11a See	Form 990, Pa	art X, line 10	)
	Description of property	(a) Cost or other			1	Accumulated	(d) Book v	
		(investment)	) (oth	ner)		epreciation		
1a	Land				S Pull			·
	Buildings							
	Leasehold improvements							
	Equipment							,
	Other						•	
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 10c	)		<b>&gt;</b>		

PartVII	Investments – Other Securities.	- F 000 P-+ IV/ II	44h Con Farm 000 B	ant V June 42
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial d	erivatives			
(2) Closely he	ld equity interests			
(3) Other				
(A)				
(B)				
			<del>-  </del>	
(C)		<del></del>	<del>-  </del>	
(D)				
(E)			<del>                                     </del>	
(F)				•
(G)				
(H)				
	(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, lir	ne 11c See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(4)	· · · · · · · · · · · · · · · · · · ·	*		
(1)				•
(2)		· · · · · · · · · · · · · · · · · · ·	<del></del>	
_(3)	<u> </u>			
(4)				
(5)		,		* .
(6)			<u></u>	
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets.	•	1021-01100,-2400201-200001-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Fight and the state of the stat	Complete if the organization answered "Yes" on	Form 990 Part IV Ju	ne 11d. See Form 990. P	art X line 15
	(a) Description	11 01111 000, 1 01111, 111	10 114 333 1 3111 333, 1	(b) Book value
(4)	(d) Dood past			(0,000,000
(1)		<del></del>		<u></u>
(2)			-	
_(3)				
(4)				ļ
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)	<del></del>	•	
Part X	Other Liabilities.			<del> </del>
Fairve	Complete if the organization answered "Yes" or	Form 000 Bort IV Iv	no 11o or 11f Soo Form	OOD Part Y
		i roim 990, Partiv, iii	ile Tie of Til. See Folli	990, Fail A,
	line 25			T
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			<u> </u>
(2)				
(3)				
(4)		•		
(5)				
				· <del></del>
(6)		<del>.</del>		
(7)				
(8)				<u> </u>
(9)			<del></del>	
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25)		<u> </u>	· .
2 Lichalda for	uncortain tay positions. In Part VIII, provide the toyt of the feets	acta to the arganization's fin	annual statements that reports t	ho

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

X

Sche	dule D (Form 990) 2019 CHRIST LUTHERAN CHURCH FOL	UNDATION,	52-1600961	Page	e 4
Pa	Reconciliation of Revenue per Audited Financial Sta	tements With R	evenue per Return	1.	
13.000-000	Complete if the organization answered "Yes" on Form 9	90, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	1,704,89	<u>}7</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	869,060	(함) 현 	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d	4	20		
3	Subtract line 2e from line 1		3	835,83	<u>37</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b		40		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	835,83	37
Pa	Reconciliation of Expenses per Audited Financial St	tatements With	Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	474,63	31
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	_2d			
е	Add lines 2a through 2d		20		
3	Subtract line 2e from line 1		3	474,63	<u>31</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b		40	С	

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

## PART X - FIN 48 FOOTNOTE

AS OF DECEMBER 31, 2019, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION WILL RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNRECOGNIZED TAX BENEFITS AS A COMPONENT OF INCOME TAX BENEFITS.

THE ORGANIZATION DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2019 AND DOES NOT EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS.

474,631

Schedule D (Form 990) 2019 CHRIST LUTHERAN CHURCH FOUNDATION, 52-1600961

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2019 on X

☐ Yes

Open to Public Inspection Employer identification number 52-1600961 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. CHRIST LUTHERAN CHURCH FOUNDATION, General Information on Grants and Assistance INC. Department of the Treasury Internal Revenue Service Name of the organization Parti

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?

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

<b>Reartilise</b> Grants and Other Assistance to Domestic Organize  Part IV, line 21, for any recipient that received more the	mestic Organiz received more t	<b>zations a</b> han \$5,00	ations and Domestic Governments. Complete if the organizatio	ernments. Comp uplicated if addition	lete if the orgar onal space is ne	nzation answe	ations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nan \$5,000. Part II can be duplicated if additional space is needed
1 (a) Name and address of organization or government	(p) 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) CHRIST LUTHERAN CHURCH OF BALTIMORE 701 SOUTH CHARLES STREET BALTIMORE	52-0637658		428 033				TO FOSTER AND PROMOT
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in	rganizations listed in	the line 1 table	able				•

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

52-1600961

03366

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule | (Form 990) (2019) CHRIST LUTHERAN CHURCH FOUNDATION,

[Parill Grants and Other Assistance to Domestic Individuals Committee 1

	(d) Amount of
	(c) Amount of
licated if additional space is needed.	(b) Number of
Part III can be duplicated if addition	(a) Type of grant or assistance

(a) Ty <sub>l</sub>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
-						7
						•
2						
,						
4						
2						
ဖ						
7						
Part IV Su	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information req	uired in Part I, line 2	, Part III, column (b),	and any other additional ir	ıformation

SCHEDULE O (Form 990 or 990-EZ)

## 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.

Department of the Treasury Internal Revenue Service Name of the organization

CHRIST LUTHERAN CHURCH FOUNDATION, INC.

2019
Openito Public Inspection

OMB No 1545-0047

Employer identification number 52-1600961

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION REVIEWS FORM 990 BEFORE THE FORM IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION HAS THE BOARD OF DIRECTORS THAT REVIEW AND SIGN A COFLICT

OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

CHRIST LUTHERAN CHURCH FOUNDATION,

▶ Attach to Form 990.

2019

OMB No 1545-0047

Open to Publical Inspection

Employer identification number

52-1600961

(g) Section 512(b)(13) controlled entity? No (f)
Direct controlling
entity × Yes 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 (f)
Direct controlling
entity (e) End-of-year assets N/A (e)
Public chanty status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Н (d) Total income (d) Exempt Code section 501C (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Ð (b) Primary activity PROVIDES A Primary activity 52-0637658 21230-3835 (a) Name, address, and EIN (if applicable) of disregarded entity CHRIST LUTHERAN CHURCH OF BALTIMORE Name, address, and EIN of related organization ð 701 S. CHARLES STREET BALTIMORE • Part Partil Ξ  $\Xi$ ල 4 3 (2) ල € <u>2</u> 3

Schedule R (Form 990) 2015

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. 1	(k) Percentage ownership						(I) Section 512(b)(13) controlled entity?	Yes No				
4.	General or managing partner?					<u>.</u> ≥	dıı eği					
railly, ille o	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					orm 990, Part	(h) Percentage					
0001	(h) Dispro- portionate alloc ?					"Yes" on F	(g) Share of end-of-year assets					
io sai paiamsi	(g) Share of end-of- year assets					nization answered tax year.	(f) Share of total income					
tax year	(f) Share of total moome					elete of the organ trust during the	(e) Type of entity (C corp., S corp. or trust)					
ship during the	(e) Predominant income (related, unnelated, excluded from tax under sections 512-514)					or Trust. Comp	(d) Direct controlling entity					
l as a partners	(d) Direct controlling entity					Corporation c s treated as a	(c) Legal domicale (state or foreign country)					
reated	(c) Legal domicite (state or foreign					as a (	uty.		-			
ins Laxable janizations t	(b) Pnmary activity					ons Taxable lated organia	(b) Pnmary activity					
identification of Related Organizations Laxable as a Partnership. Complete if the organization answered Tes 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					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					•
Partills		Ē	(2)	(3)	(4)	Part		(1)		(2)	(3)	( <del>2</del> )

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Schedule R (Form 990) 2019

Page 3

52-1600961

CHRIST LUTHERAN CHURCH FOUNDATION,

Schedule R (Form 990) 2019 × × × × × × × × × × × × × Yes Method of determining amount involved 4 Ę 무 9 4 **1**9 9 4 19 4 19 ŧ ¥ + <del>1</del>s = # = € Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 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 Amount involved 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? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule k Lease of facilities, equipment, or other assets from related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) S Other transfer of cash or property from related organization(s) Name of related organization c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Part V (2) ල **£** 9 9  $\Xi$ 

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52-1600961 Schedule R (Form 990) 2019 CHRIST LUTHERAN CHURCH FOUNDATION,

Page 4

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

	(k) Percentage ownership												•,
	(i) General or managing partner?	N <sub>o</sub>									<u></u>		
	Gene man part	Yes											
	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	·											
	nonate	Š			<u>-</u> .								-
	(h) Disproportionate allocations?	Yes											
	(g) Share of end-of-year assets	<u>1</u>			-								
,	(f) Share of total moome												
2	(e) Are all partners section 501(c)(3) organizations?	å											
	(e) Are all partners section 501(c)(3) organizations?	Yes											
I (all) IIIVCS(IIICI)	(d) Predominant income (related, unrelated, excluded from tax under	sections 512-514)											
5	(c) Legal domicite (state or foreign	country)	-										
galaning cyclasio	(b) Pnmary activity												
of gloss revenue) that was not a related organization. See instructions regarding excussion for certain investment partitionally	(a) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(9)	(1)	(8)	(6)	(10)	(11)
۲			ı	I	ı	1	1	1	1	•	ı	-	

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 CHRIST LUTHERAN CHURCH FOUNDATION,

52-1600961

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Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.