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Department of the

Treasury

## DLN: 93493133037601

2019

# OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

		2010	ı alendar year, or tax year begin	ning 07-01-2019 and one	ling 06-2	0-2020				
		oplicable:	C Name of organization	ining 07-01-2019 , and end	illig 00-3	0-2020	D Emplo	ver iden	tification number	
		change	Concordia Lutheran Ministries Found	ation				20-5138266		
	me cha	-	Doing business as							
	tial ret		_							
		n/terminated I return	Number and street (or P.O. box if ma	ail is not delivered to street address	) Room/su	ite	E Teleph	one numb	oer	
		on pending	134 Marwood Road				(724)	352-15	71	
			City or town, state or province, cour	try, and ZIP or foreign postal code						
			Cabot, PA 160232299				<b>G</b> Gross	receipts \$	76,310,446	
			F Name and address of principa	l officer:		H(a)	Is this a group	return fo		
			Keith Frndak CEO 134 Marwood Road				subordinates?		□Yes 🗹 No	
			Cabot, PA 160232299				Are all subordin included?	ates	☐ Yes ☐No	
<b>I</b> Ta:	x-exen	npt status:	<b>✓</b> 501(c)(3)	insert no.) 4947(a)(1) or	☐ 527		If "No," attach a	a list. (se	ee instructions)	
J W	ebsit	e:► ww	w.concordialm.org			H(c)	Group exemption	n numb	er 🕨	
								1		
<b>K</b> Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🗌 Asso	ciation Other ►		L Year o	f formation: 2006	M Sta	te of legal domicile: PA	
De	art I	Sum	ma est							
Га			mary scribe the organization's mission or	most significant activities						
	т	he organ	ization's primary exempt purpose	is to raise and receive funds in				rposes o	of affiliate 501(c)(3)	
e Ce	º	rganizati	ons and to provide support for con	nmunity 501(c)(3) organization	ns through	Angel Te	ear Ministries.			
<u> </u>										
<u>=</u>	-									
Activities & Governance			is box $ ightharpoonup \square$ if the organization dis						1	
<u>~</u> خ	1		of voting members of the governin	•				-	3 13	
es es	1		of independent voting members of		,				4 6	
<u> </u>	5	Total nun	nber of individuals employed in ca	endar year 2019 (Part V, line 2	2a)				5 0	
Ę	6	Total nun	nber of volunteers (estimate if nec	essary)				-	<b>6</b> 97	
~	ı		elated business revenue from Part					7	<b>'a</b> 0	
	b	Net unrel	ated business taxable income fron	n Form 990-T, line 39				7	<b>'b</b> 0	
							Prior Year		Current Year	
Qı	8	Contribut	ions and grants (Part VIII, line 1h)		•		20,424	1,902	13,057,857	
Ravenue	9	Program	service revenue (Part VIII, line 2g)				482	482,285 1,057,36		
λċ	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d )			15,226	5,687	10,190,181	
_	11	Other rev	enue (Part VIII, column (A), lines !	-3	3,380	-22,121				
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), I	ine 12)		36,130		24,283,286	
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3 )			11,063	3,863	12,360,204	
	14	Benefits	paid to or for members (Part IX, co	paid to or for members (Part IX, column (A), line 4)						
8	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), line	es 5-10)			0	(	
JS(	<b>16</b> a	Professio	nal fundraising fees (Part IX, colur	nn (A), line 11e)				0	(	
Expenses	ь	Total fundr	raising expenses (Part IX, column (D), I	ine 25) ▶ <u>104,658</u>						
ū	17	Other exp	penses (Part IX, column (A), lines :	11a-11d, 11f-24e)			62:	1,165	624,346	
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			11,685	5,028	12,984,550	
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			24,445	,466	11,298,736	
94 04 04 04 04						Begi	nning of Current	Year	End of Year	
Net Assets or Fund Balances		<b>-</b> · ·	1 (D 1) (D 1)			<u> </u>	.=c =			
Ass Ba	1		ets (Part X, line 16)		•		173,502		177,675,939	
<b>₹</b>	1		ilities (Part X, line 26)					2,569	391,279	
			s or fund balances. Subtract line 2	21 from line 20	•		172,750	0,056	177,284,660	
	ırt II		<b>ature Block</b> erjury, I declare that I have exami	ined this return, including acco	mnanvina	cchodule	as and statemer	tc and	to the best of my	
			of, it is true, correct, and complete.							
any k	nowle	dge.								
		I <b>k</b>					2021-05-11			
Sign		Signati	ure of officer				Date			
Here		Michae	l Falbo CFO							
			r print name and title							
		P	rint/Type preparer's name	Preparer's signature	D	ate	G	PTIN		
Paid	t						Check L if self-employed			
	- pare	er 🗏	irm's name 🕨				Firm's EIN ▶			
	On	ւ. ⊢	ïrm's address ▶				Dhone no			
		·,   ˈ	mm a dudress 🚩				Phone no.			
May t	he IR	S discuss	this return with the preparer show	n above? (see instructions)				. [	]Yes □No	

Form	990 (2019)					Page <b>2</b>					
Pa	rt III Statement	of Program Service	e Accomplis	hments							
	Check if Sch	edule O contains a respo	nse or note to a	any line in this Part III .		🗆					
1	Briefly describe the	organization's mission:									
state Conc Conc Hosp 1818	ment and corporate p ordia Lutheran Ministr ordia of Ohio (EIN 61- ice on Washington (El 793),Concordia Medic	romises of Concordia Luries of Pittsburgh (EIN 2 -1682165), Concordia o IN 81-2448411), Conco	itheran Health a 7-0209886), Re f Monroeville (E dia Physician Pi 386767), and C	nd Human Care (EIN 2) becca Residence (EIN 2 IN 25-1475192), Cedar actice (EIN 47-395158 oncordia of Florida (EIN	eiving, and expending of funds in t 5-0969458), Concordia Visiting Nu 25-0974311), Concordia Tele-Care s Home Health Services (EIN 25-1 4), Good Samaritan Hospice of Pitt I 37-1869372) each of which is a r ar Ministries.	rses (EIN 42-1704067), givers (EIN 25-1881783), 875508), Concordia sburgh (EIN 25-					
2	Did the organization	undertake any significa	int program ser	vices during the year wl	nich were not listed on	☐ Yes ☑ No					
			nedule O.								
3		If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?										
	If "Yes," describe these changes on Schedule O.										
4	Section 501(c)(3) ar		ns are required	to report the amount of	largest program services, as meas of grants and allocations to others,						
4a	(Code:	) (Expenses \$	10,163,821	including grants of \$	0 ) (Revenue \$	236,963 )					
	See Additional Data										
4b	(Code:	) (Expenses \$	1,953,731	including grants of \$	1,470,364 ) (Revenue \$	1,515)					
	See Additional Data										
4c	(Code: See Additional Data	) (Expenses \$	242,652	including grants of \$	0 ) (Revenue \$	818,891 )					
	(Code:	) (Expenses \$	88,685	including grants of \$	0 ) (Revenue \$	0)					
	employee scholarship p secondary component t	rogram encompasses sever hat targets schools based c	al different groups n our geographica	of students. The Concordia I "footprint" in relation to Co	all affiliates system-wide in reaching the Lutheran Ministries Foundation Scholar oncordia facilities. This program awards ate institution to pursue a degree in a h	s Program also has a scholarships both on					
4d	Other program servi	ices (Describe in Schedi	ıle O.)								
	(Expenses \$	•	uding grants of	\$	0 ) (Revenue \$	0)					
4e	Total program ser	vice expenses ►	12,448,8	89							

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  $\cdot$   $\cdot$ 

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No

20a

20b

21

Yes

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

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 .

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

Yes

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5

0

**1**c

**1**a

1b

No

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	)					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • •	4a		No			
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
	If "Yes," indicate the number of Forms 8282 filed during the year	-					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
_	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]  Section F01(a)(12) approximations. Fatory	1					
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources	1					
	against amounts due or received from them.)	-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	14a		No			
	<ul> <li>4a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> </ul>						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b					
	parachute payment(s) during the year?	15		No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
b	members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a 7b	Yes Yes	
8	persons other than the governing body?			
	the following:	0-	V	
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	<u> Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	· · · · · · · · · · · · · · · · · · ·	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request ☑ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Michael Falbo CFO 134 Marwood Road Cabot, PA 16023 (724) 352-1571			

 $\checkmark$ 

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization no	r any related o	rganizai	ion c	omn	ens	ated a	ny c	current officer. dire	ctor, or trustee.	
(A)  Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee		(W-2/1099- MISC)	related organizations				
(1) Keith Frndak-See Schedule O President/Chairman	1 49	х		X				0	725,675	23,110
(2) Brian Hortert-See Schedule O Board Member	1	x						0	286,557	31,113
(3) Kim Young-See Schedule O Board Member	1 44						х	0	269,999	23,049
(4) Paul Brand-See Schedule O Secretary/Treasurer	1 44	×		×				0	267,217	17,186
(5) Michael Falbo-See Schedule O CFO	1	х						0	148,835	20,296
(6) Tammy Young-See Schedule O Board Member	1	x						0	138,937	9,327
(7) Conor Hagey-See Schedule O Board Member	1	×						0	84,181	16,093
(8) Tim Temple-See Schedule O Board Member	1	х						0	64,055	9,314
(9) Rande Casaday Board Member	1 2	x						0	0	0
(10) Rev Jamison Hardy Board Member	0	x						0	0	0
(11) Stephen Johnson Board Member	1	Х						0	0	0
(12) Don Olmstead Board Member	0	X						0	0	0
(13) Robert Schmidt Board Member	1	x						0	0	0
(14) Jim Wolf Board Member	1	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) (E) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compens: employee <ey employee organizations MISC) MISC) related Institutional Trustee below dotted organizations line) ig ed c Total from continuation sheets to Part VII, Section A .  $\blacktriangleright$ d Total (add lines 1b and 1c) . . . . . 0 1,985,456 149,488 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Yes 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 No Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C)

Description of services

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

Compensation

Form 990 (2019)

Investment management fees

272,692

Name and business address SEI Private Trust Company

1 Freedom Valley Drive

PO Box 1100

compensation from the organization ▶ 1

Oaks, PA 19456

		(2019)								Page <b>9</b>
Part	VIII				rocno	inco or noto to any	line in this Bort VIII			
		Check ii Schet	uie	O contains a	respo	mse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1/1	1:	1a Federated campaigns 1				9,654		revenue		512 - 514
ants		<b>b</b> Membership dues <b>1b</b>		<b>1</b> b	0					
65.5 m		<b>c</b> Fundraising even	ts .	. [	1c	218,550				
ifts, ar A		d Related organiza	tions	5	1d	12,400,020				
, <u>Gi</u>		e Government grants	(con	tributions)	1e	0				
ons Sil	1	<ul> <li>All other contribution</li> <li>and similar amounts</li> </ul>	ns, g s not	ifts, grants, included	1f	429,633				
buti the		above g Noncash contributio	ns in	L cluded in	<u></u>	429,000				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f:\$			<b>1</b> g	0				
a Gu		<b>h Total.</b> Add lines	1a-1	f		•	13,057,857			
						Business Code	225 252	226.062		
en.	2a	General Donations				561000	236,963	236,963	0	0
nue	b	Endowment Fund Dor	natio	ns		561000	818,891	818,891	0	0
₽. Ve	_	Angel Tear Donations					1,515	1,515	0	0
vice	C	Anger rear bonacions				561000		·		
Program Service Revenue	d	 [								
ıranı										
Prog	е	· 					_	_		
_	f	All other program	serv	ice revenue.			0	0	0	0
		Total. Add lines 2				1,057,369				
		Investment income similar amounts)			nds, i	nterest, and other	3,937,17	3,937,177	0	0
		Income from invest	mer	nt of tax-exer	npt bo	ond proceeds	1	0 (		_
	5	Royalties	_	(:) D		•	•	0	0	0
				(i) Rea		(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		0		0			
	c	Net rental income					<u> </u>			
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		89,969		0				
	b	Less: cost or other basis and sales expenses	ther basis and <b>7b</b> 51,936,9		36,965	,	0			
	С	Gain or (loss)	7c	6,2	53,004	Į.	0			
		Net gain or (loss)			_		6,253,00	6,253,004	0	0
Other Revenue	oa	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	218,550 of line 1c).	8a	68,074				
Re	Ŀ	Less: direct expen	ses		8b	90,195				
ther	c	: Net income or (los	s) fr	om fundraisi	ng eve	ents 🕨	-22,12	1	0	-22,121
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
		Less: direct expen : Net income or (los			9b	<u> </u>				
		The meaning of (100	, I.	om gaming c		es <b>&gt;</b>				
	10	Gross sales of invented and alloware and alloware and alloware and alloware and alloware architectures.			10a					
	Ŀ	Less: cost of good	s so	ld	10a					
	ď	Net income or (los	_		nvent	ory ►				
	11	Miscellaneo	us R	evenue		Business Code				
	-1									
	Ŀ	·								
	c									
		All other revenue								
		e Total. Add lines 1 ! Total revenue. S						0		
		otal levellue. 5	ee II	isa acaons .	•	• • • •	24,283,28	11,247,550	0	-22,121 Form <b>990</b> (2019)

Ð	art IX Statement of Functional Expenses				rage 10
	Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar		_		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,360,204	12,360,204		
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal				
c	Accounting	10,783		10,783	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees	278,125		278,125	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	200,276		134,417	65,859
12	Advertising and promotion	1,678		1,678	
	Office expenses	9,799		1,548	8,251
14	Information technology	494		101	393
	Royalties				
	Occupancy	201		201	
	Travel	1,384		27	1,357
	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			<u>, , , , , , , , , , , , , , , , , , , </u>
19	Conferences, conventions, and meetings	2,161		1,531	630
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	722		722	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Scholarships	88,685	88,685	0	0
	<b>b</b> Indirect Fundraising Expenses	5,741	0	0	5,741
	С				
	d				
	e All other expenses	24,297		1,870	22,427
25	Total functional expenses. Add lines 1 through 24e	12,984,550	12,448,889	431,003	104,658
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Accounts payable and accrued expenses

Deferred revenue . . . .

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Grants payable .

Form 990 (2019)

16

17

18

19

Assets 30

31

32

33

Page 11

177,675,939

244,167

36.104

111,008

177,284,660

177,675,939

Form 990 (2019)

173,502,625

513,139

67.494

171,936

16

17

18

19

30

31

32

33

172,750,056

173,502,625

Check if Schedule O contains a response or note to any line in this Part IX										
	(A) Beginning of year		<b>(B)</b> End of year							
Cash-non-interest-bearing		1								

2	Savings and temporary cash investments	541,650	2	52,937
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	65,102	4	58,589
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	3 4	<ul> <li>3 Pledges and grants receivable, net</li> <li>4 Accounts receivable, net</li> <li>5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled</li> </ul>	3 Pledges and grants receivable, net	3 Pledges and grants receivable, net

	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			65,102	4	58,589
	5	Loans and other payables to any current or form key employee, creator or founder, substantial or entity or family member of any of these persons	tor, or 35% controlled		5		
	6	Loans and other receivables from other disqualit section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$			6		
S	7	Notes and loans receivable, net	1,569,380	7	1,435,375		
set	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges	78,709	9	61,954		
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	100,114			
	b	Less: accumulated depreciation	10b	17,312	83,525	<b>10</b> c	82,802
	11	Investments—publicly traded securities .			171,164,259	11	175,984,282
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			

20 Tax-exempt bond liabilities . . . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 24 0 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 26 752.569 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

391,279 27 Net assets without donor restrictions 164,936,251 27 168,807,489

Fund Balances 28 Net assets with donor restrictions . 7,813,805 28 8,477,171

complete lines 29 through 33. ٥ 29 29 Capital stock or trust principal, or current funds

3a

3h

Nο

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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID: 19009572

Software Version: v1.00

**EIN:** 20-5138266

Name: Concordia Lutheran Ministries Foundation

Form 990 (2019)

organizations.

### Form 990, Part III, Line 4a:

The Concordia Lutheran Ministries Foundation is the primary charitable outreach arm for the Concordia Lutheran Ministries network of companies. In addition to supporting nearly 100 unique third-party organizations, the organization also helps support the operations of the other Concordia Lutheran Ministries companies within the network. These donations to affiliated organizations (listed in Part III, Line 1 and Schedule A) support the mission and purpose of those organizations by increasing the quality of care and quality of life in a Christian environment for all those being served. Through the use of these funds, related organizations have been able to establish a scholarship program for employees, help support adult day services within the network, and help fund Christmas parties at various locations during the year. Historically, grants and donations to related organization have been for the purpose of assisting in the acquisition of new locations, updating call bell systems across the network, and funding the construction of therapy gyms and chapels at various locations. In fiscal year 2020, donations were also used to address the COVID-19 pandemic. Donors also contribute to the organization on the behalf of the related entities; donations of \$236.963 were received by Concordia Lutheran Ministries Foundation on behalf of our affiliate

The Angel Tear Ministries Fund was established for the purpose of assisting third-party 501(c)(3) organizations to better serve both domestic and foreign communities through Christ-centered programs that provide food, housing, education, and medical care to underserved and underprivileged children and families. Nearly 100 organizations were assisted during fiscal year 2020 including missions supported in over 30 countries and 15 churches. These grants include the funding of care to 1,404

children in Kenya and Ethiopia who have primarily been affected by the AIDs epidemic through Compassion International. Closer to home, the funds are used by organizations to operate soup kitchens, homeless shelters, afterschool programs, and ministry programs. Additionally, assisting those affected by natural disasters has been

Form 990, Part III, Line 4b:

a core tenant of the organizations mission and the organization has donated to countless organizations to assist in recover effects after natural disasters. In fiscal year 2020, donations were also used to address the COVID-19 pandemic. The Angel Tears Program houses a \$50,000 discretionary fund that is used to help local area organizations and

families with fundraising and/or hardship situations. Donations of \$1.515 were received to the Angel Tear Ministries Fund.

#### Form 990, Part III, Line 4c:

supplement the organization to allow for more benevolent care for residents with financial needs due to the exhaustion of funds. The fund has been supported through gifts from Concordia, aifts from gracious patients and their family members, and by gifts from the employees of Concordia, \$818,891 in donations were received and restricted to

the Good Samaritan Endowment Fund during the fiscal year. Concordia has a philosophy of providing care to residents regardless of their ability to pay and provided \$1.195,753 in benevolent care in fiscal year 2020. The recipients of charity care reside in all levels of care and include residents served in skilled nursing, personal care, and independent living. In its nearly 140-year history, the organization has never discharged a resident for an in ability to pay. Concordia views benevolent care as a core tenant

The Good Samaritan Endowment Fund was established to assist Concordia Lutheran Health and Human Care (EIN 25-0969458) in fulfilling its charitable mission by helping

compared to if the entire shortfall due to the benevolent care had to be offset with excesses from other operations.

of its mission and would provide charity care even if the fund did not exist; but due to the support of the fund. Concordia can provide significantly more care to those in need

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133037601 TY 2019 Reasonable Cause Explanation Name: Concordia Lutheran Ministries Foundation **EIN:** 20-5138266 **Software ID:** 19009572 **Software Version:** v1.00 **Explanation:** Filed IRS Form 8868 for the automatic six month extension. Additional time was necessary to gather information and complete for Form 990 accurately.

efile	e GR/	APHIC prii	t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493133037601
(For 990E	m 99( Z <b>Z</b> )	OULE A O or  Cthe Treasury		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe  Attach to Form a.gov/Form990 for in	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 10-EZ.	Ort a section	2019 Open to Public
Interna	l Reven	ue Service							Inspection
		<b>he organiza</b> theran Ministrie						Employer identific	ation number
								20-5138266	
Pa					<b>us</b> (All organization e it is: (For lines 1 thro			See instructions.	
_	rganiz		•		•	•		(A)(:)	
1		·		,	ssociation of churches				
2	Ш				1)(A)(ii). (Attach Sch	,			
3		·	•	·	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			tion operate <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	ped in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7		section 17	0(b)(1)(A)	<b>(vi).</b> (Complete	•		•	init or from the genera	al public described in
8			•		170(b)(1)(A)(vi).	•	•		
9		non-land gi	ant college c	of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	the name, city, a	and state of the	college or university:	
10		from activit investment	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	
11		An organiza	tion organize	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12	✓	more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(a</mark>	
а		organizatio	n(s) the pow		rated, supervised, or cappoint or elect a majo				
b	<b>✓</b>	manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.				
С		Type III f	inctionally	integrated. A	supporting organizatio ions). <b>You must com</b>				ted with, its
d		functionally	integrated.	The organizatio	<b>d.</b> A supporting organ n generally must satis r <b>t IV, Sections A anc</b>	fy a distribution	requirement and		
e	<b>✓</b>				ved a written determir		RS that it is a Ty	pe I, Type II, Type II	[ functionally
f	Enter				integrated supporting	-			4
g								· · · · · · <u></u>	·
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
See	Additio	onal Data Tal	le						
Total			. 14		nstructions for	Cat. No. 11285		548,601 Schedule A (Form 9	0

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Page 4

No

No

7

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2019

7

8

answer line 10b below.

the organization had excess business holdings).

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

No 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. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a No

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 4b 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) purposes. 4c 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 5a Yes

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? 5b Yes 5c 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

6 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. Yes

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Sche	edule A (Form 990 or 990-EZ) 2019		F	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,			
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		No
h	A family member of a person described in (a) above?	11a		No
b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		No
50	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		res	NO
2	Did the expanisation energia for the honefit of any connected expanisation other than the connected expanisation(e) that	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		No
30	ection D. All Type III Supporting Organizations		Yes	No
1	Did the every leading appried to each of the every lead appropriate by the last day of the fifth mouth of the every leading.		165	NO
_	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ons):		
4	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
ı	b			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		,	
	- Did substantially all of the association's activities duving the tay your disastly from the associate surrounds		Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
1	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	21		
3		2b		
	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> 2. Did the erganization have the power to regularly appoint or elect a majority of the efficers, directors, or trustees of each of	2~		
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> <li>b Did the organization everying a substantial degree of direction every the policies, programs and activities of each of its.</li> </ul>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3h		

3b

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

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(ii) Underdistributions	(iii) Distributable	

other distributions (describe in Fare 42), see instructions				
7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (	Schedule A (Form 990 or 990-EZ) 2019 Page <b>8</b>				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).				
	Facts And Circumstances Test				
990 Sched	dule A, Supplemen	tal Information			
Ret	urn Reference	Explanation			
Schedule A, Line 1	, Part IV, Section A,	Concordia Lutheran Ministries Foundation and all supported organizations are subsidiaries of Concordia Lutheran Ministries (EIN 20-5138278). Individual entities are not listed in t he governing documents by name but are mentioned in the governing documents as all subsidiary entities.			

990 Schedule A, Supplemental Information			
Return Reference	Explanation		
Schedule A, Part IV, Section A, Line 5a	Concordia Physician Practice (EIN 47-3951584) and Concordia Hospice of Washington (EIN 81-2448411) were added to the list of supported organizations.		

990 Schedule A, Supplemen	ital Information
Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6	Please refer to Part III Statement of Program Service Accomplishments Line 4a for more information on our Angel Tear program. Also, refer to Schedule I for information on the Angel

990 Schedule A, Supplemen	tal Information
Return Reference	Explanation
Schedule A, Part IV, Section C, Line 1	Concordia Lutheran Ministries (EIN 20-5138278) controls Concordia Lutheran Ministries Foun dation and its supported organizations, listed on Part I, by appointing all of the directo

## **Additional Data**

**Software ID:** 19009572

**Software Version:** v1.00

**EIN:** 20-5138266

Name: Concordia Lutheran Ministries Foundation

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
Concordia Lutheran Health and Human Care	250969458	10		No	287,730	C	
Good Samaritan Hospice of Pittsburgh	251818793	10		No	118,399	(	
Concordia Lutheran Ministries of Pittsburgh	270209886	10		No	117,662	C	
Concordia Hospice of Washington	812448411	10		No	17,118	C	
Rebecca Residence dba Concordia at Rebecca Residence	250974311	10		No	3,598	(	
Concordia Visiting Nurses	421704067	10		No	2,776	C	
Concordia of Monroeville	251475192	10		No	709	(	
Concordia Tele-Caregivers	251881783	10		No	321	(	
Concordia of Ohio	611682165	10		No	103	C	
Concordia Physician Practice	473951584	10		No	97	C	
Concordia Medical Equipment	204386767	10		No	88	C	
Cedars Home Health Services	251875508	10		No	0	(	
Concordia of Florida	371869372	10		No	0	C	
Concordia Visiting Nurses of Ohio	463845269	10		No	0	(	

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As Filed Data -

DLN: 93493133037601

OMB No. 1545-0047 2010

# **Supplemental Financial Statements**

D

(Form 990)

			ganization answered "Yes," on Form		4017
-	artment of the Treasury nal Revenue Service		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, ▶ Attach to Form 990. <u>n990</u> for instructions and the latest in		Open to Public Inspection
	ame of the organi			Employer ide	ntification number
Co	ncordia Lutheran Minis	tries Foundation		20-5138266	
Ð	art I Organiz	zations Maintaining Donor Advi	sed Funds or Other Similar Fund		
		e if the organization answered "Ye			
			(a) Donor advised funds	(b) Funds	and other accounts
-	Total number at e	end of year			
2	Aggregate value o	of contributions to (during year)			
1	Aggregate value o	of grants from (during year)			
ŀ	Aggregate value a	at end of year			
;			ors in writing that the assets held in dono cclusive legal control?		he 🗌 Yes 🗌 No
•	charitable purpos	ses and not for the benefit of the donor	onor advisors in writing that grant funds or or donor advisor, or for any other purpo	se conferring impern	
Pa		vation Easements.			
	•	e if the organization answered "Ye			
-		nservation easements held by the orga			
	☐ Preservatio	n of land for public use (e.g., recreatio	n or education) $\square$ Preservation of	f an historically impo	rtant land area
	☐ Protection of	of natural habitat	Preservation of	f a certified historic s	tructure
	☐ Preservatio	n of open space			
2		a through 2d if the organization held a last day of the tax year.	qualified conservation contribution in the		t the End of the Year
а	Total number of o	conservation easements		2a	
b	Total acreage res	tricted by conservation easements		. 2b	
С	Number of conse	rvation easements on a certified histor	ic structure included in (a)	2c	
d		rvation easements included in (c) acqu n the National Register	ired after 7/25/06, and not on a historic	2d	
1	Number of conse tax year ►	ervation easements modified, transferre	ed, released, extinguished, or terminated	by the organization	during the
ı	Number of states	s where property subject to conservation	on easement is located <b>&gt;</b>		
;		ation have a written policy regarding t cof the conservation easements it hold	he periodic monitoring, inspection, handli s?	ng of violations,	☐ Yes ☐ No
•	Staff and volunte	eer hours devoted to monitoring, insper	cting, handling of violations, and enforcin	g conservation easer	ments during the year
,	Amount of exper ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, and enforcing con	iservation easements	s during the year
3		rvation easement reported on line 2(d) h)(4)(B)(ii)?	above satisfy the requirements of sectio	n 170(h)(4)(B)(i)	☐ Yes ☐ No
)	balance sheet, a		servation easements in its revenue and ex e footnote to the organization's financial s ets.		nd
a		cations Maintaining Collections e if the organization answered "Ye	of Art, Historical Treasures, or Ces" on Form 990, Part IV, line 8.	Other Similar Ass	sets.
.a	art, historical tre	asures, or other similar assets held for	.6 (ASC 958), not to report in its revenue public exhibition, education, or research	in furtherance of pu	

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

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

 ${f d}$  Equipment .

Sche	edule D (Form 990) 2019									Page <b>2</b>
Pai	rt IIII Organizations Maintaining C	ollections o	f Art, Histor	ical Trea	sures, o	r Other	Similar As	sets (co	ontinued)	
3	Using the organization's acquisition, access items (check all that apply):	ion, and other	records, check	any of the	following t	hat are a	significant ι	ise of its	collection	
а	Public exhibition		d	☐ Lo	an or exch	ange prog	ırams			
b	Scholarly research		е	□ ot	:her					
С	Preservation for future generations									
4	Provide a description of the organization's of Part XIII.	collections and	explain how th	ey further	the organiz	zation's e>	kempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							☐ Yes	. 🗆 N	o
Pa	rt IV Escrow and Custodial Arrang Complete if the organization an X, line 21.		' on Form 990	), Part IV	, line 9, o	r reporte	ed an amou	ınt on Fo	orm 990,	Part
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							☐ Yes	: 🗆 N	o
b	If "Yes," explain the arrangement in Part X	III and comple	te the following	table:			A	mount		_
c	· ·	•	_			1c				_
d						1d				_
е						1e				_
f	Ending balance					<b>1</b> f				_
2a	Did the organization include an amount on	Form 990, Par	t X, line 21, for	escrow or	custodial a	account lia	bility?	☐ Yes	. 🗆 N	0
b	If "Yes," explain the arrangement in Part X	III. Check here	if the explanat	ion has be	en provide	d in Part )	KIII			
Pa	art V Endowment Funds.									
	Complete if the organization an									
		(a) Currer	t year (b) I	Prior year	(c) Two y	ears back	(d) Three yea	ars back (	<b>e)</b> Four yea	rs back
	Beginning of year balance				1					
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage of the cu Board designated or quasi-endowment ▶		·	g, column	(a)) held a	ıs:				
b			•••							
c	Temporarily restricted endowment ▶	*								
٠	The percentages on lines 2a, 2b, and 2c sh	 ould egual 100	)%.							
3а				t are held	and admin	istered fo	r the		Yes	No
	(i) unrelated organizations							3a(	(i)	
L	(ii) related organizations If "Yes" on 3a(ii), are the related organizat							3a( 3I		
ь 4	Describe in Part XIII the intended uses of t		•						ן ע	<u> </u>
	irt VI Land, Buildings, and Equipm									
Ţ.	Complete if the organization an		' on Form 990	), Part IV	, line 11a	. See For	m 990, Pa	rt X, line	e 10.	
	Description of property (a) Cost or (invest	other basis	(b) Cost or other				lepreciation		I) Book valu	e
1a	Land	0		78,5	00					78,500
	Buildings	0		· · · · · · · · · · · · · · · · · · ·	0		0			0
	Leasehold improvements	0			0		0			0

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

21,614

0

4,302

82,802

17,312

Part VII	Complete if the organization answered "Yes" on Form 990, I	Part IV, I	ine 11t	See Form 990, F	Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value			d of valuatio	n:
(1) Financia	I derivatives					
(3)Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	•				
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, I	ine 110	(b) Book value	(c) Meth	e 13. nod of valuation: nd-of-year market
(1)						value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description	art IV, liı	ne 11d	. See Form 990, Par		<b>b)</b> Book value
(1)						
(2)						
(3)						
(4) 						
(5) 						
(6)						
(7)						
(8)						
(9)	(1)					
Part X	Other Liabilities.				<u> </u>	
1.	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability		<u>ne 11e</u>	or 11f.See Form	990, Part )	(b) Book value
(1) Federal	income taxes					0
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)	0 to th -	ranrie	ion's financial state	monto the	0
•	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check		-			_

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, 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			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, , ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d		]	
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.)		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

### **Additional Data**

Software ID: 19009572
Software Version: v1.00

**EIN:** 20-5138266

Name: Concordia Lutheran Ministries Foundation

### **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133037601 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Concordia Lutheran Ministries Foundation 20-5138266 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and							
Revenue	gross receipts greater than \$2	(a)Event #1  Golf Classic (event type)	(b) Event #2  Purse Gala  (event type)	(c)Other events  3 (total number)	(d) Total events (add col. (a) through col. (c))				
	1 Gross receipts	155,873 109,142	81,434 68,231	49,317 41,177	286,624 218,550				
	3 Gross income (line 1 minus line 2)	46,731	13,203	8,140	68,074				
	4 Cash prizes	0	0	0					
w	5 Noncash prizes	8,171	1,113	233	9,517				
Direct Expenses	6 Rent/facility costs	23,812	3,791	5,650	33,253				
å ä	7 Food and beverages	12,819	13,309	5,600	31,728				
t T	8 Entertainment	0	200	850	1,050				
	9 Other direct expenses	607	4,484	9,556	14,647				
	<b>10</b> Direct expense summary. Add lines 4 t	through 9 in column (d)			90,195				
Par	11 Net income summary. Subtract line 10 t III Gaming. Complete if the organical complete in the		s" on Form 990. Part I	V. line 19. or reported	-22,121 more than \$15,000				
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))				
æ	1 Gross revenue								
Direct Expenses	2 Cash prizes								
<u>X</u>	3 Noncash prizes								
irea	4 Rent/facility costs								
<u> </u>	5 Other direct expenses		_	_					
	<b>6</b> Volunteer labor	☐ Yes <u>%</u> ☐ No	☐ Yes%	☐ Yes <u>%</u> ☐ No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtrac				<u> </u>				
9 a b									
10a b		enses revoked, suspende	d or terminated during the		☐ Yes ☐ No				

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·   Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

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

OMB No. 1545-0047

2019
Open to Public

DLN: 93493133037601

Inspection

anie or trie organization						Linbioye	i identification number	
Concordia Lutheran Ministries Fo	oundation					20-5138	3266	
Part I General Inform	nation on Grants	and Assistance				•		
the selection criteria used	to award the grants	or assistance?			for the grants or assistanc	e, and	<b>☑</b> γ	es 🗆 No
2 Describe in Part IV the or	-	_	_					
Part III Grants and Other that received more			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Par	rt IV, line 21, for any	recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description noncash assis		ose of grant nce
1) See Additional Data								
(2)								
(3)								
(4)								
5)								
(6)								
7)								
(8)								
(9)								
(10)								
[11]								
(12)								
	. , . ,	-						59 0
or Paperwork Reduction Act Not	ice, see the Instructio	ons for Form 990.		Cat. No. 5005	5P		Schedule I (Form	า 990) 2019

(2) (3) (4)

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

Schedule I (Form 990) 2019

(5) (6)

(7)

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

Part IV

Return Reference Explanation

Angel Tear Ministries' grant making program is guided by an adopted operating policy for Angel Tear Ministries that includes details on the following: Gift Solicitation

Schedule I, Part I, Line 2 Policy, Gift Acceptance Policy, Asset Management and Investment Guidelines, Grant Making and Distribution Guidelines, and Reporting and Disclosure Guidelines. The Mission and Ministry Committee is tasked with the process of reviewing, scoring, and awarding/declining grants to eligible organizations. Eligibility is determined by quidelines established in the operating policy. Mission and Ministry Committee funding recommendations are then submitted to the Concordia Lutheran Ministries Board of Directors (EIN 20-5138278). Grantees are required to sign a grant agreement policy letter. Disbursements are then made in accordance with the signed grant agreement. Interim and final reporting as well as intermittent communications from grantees is required. Interim and final reporting includes a description of the grant

project, the organizations' project outcomes, and financial reporting. Any changes to the grant agreement must be submitted in writing to the Mission and Ministry Committee for consideration.

Page 2

## **Additional Data**

**Software ID:** 19009572 **Software Version:** v1.00 Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash if applicable organization

EIN: 20-5138266 Name: Concordia Lutheran Ministries Foundation

(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Compassion International 12290 Voyager Parkway Colorado Springs, CO 80921	36-2423707	501(c)(3)	695,894				To provide sponsorship, including educational, basic needs, hygiene and sanitation stations, drought relief and pastoral guidance through sharing the Gospel, to sponsored children in Kenya and Ethiopia.
Pittsburgh Area Lutheran Schools 1261 Pennsylvania Avenue Oakmont, PA 15139	25-1716013	501(c)(3)	112,350				To provide scholarships for the PALS schools (three K-8; ten preschools) for those families that cannot afford tuition. Providing scholarships to families enables Lutheran schools to reach those in need as God instructed in Matthew 25:40.

or government assistance other) Unity Lutheran Community 25-1002942 501(c)(3) 75,000 2,186 Cost Security System Service. This funding provides Christmas gifts for children Missions labor, capital and 7825 Hamilton Avenue material support of the Children's Outreach Pittsburgh, PA 15208 Ministry which provides

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

constructing a school kitchen at the VOV center in Moshi, Tanzania; pandemic response gift; to provide support to assist the church school witness to

community organizations.

or assistance

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

(c) IRC section

if applicable

(d) Amount of cash

grant

(b) EIN

(a) Name and address of

organization

					meals, tutoring support and spiritual guidance to children in the Homewood neighborhood of Pittsburgh, Pennsylvania.
St Luke Lutheran Church 330 Hannahstown Road Cabot, PA 16023	25-6009871	501(c)(3)	58,825		To provide financial support of the Voice of Victory program via purchase of medical supplies, operating a medical clinic in

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) First Trinity Evangelical 25-1041254 501(c)(3) 53.800 To provide material Lutheran Church resources and 535 North Neville Street counseling support Pittsburgh, PA 15213 services, including Christian outreach, for a

(f) Method of valuation

(a) Description of

(h) Purpose of grant

targeted homeless population of Pittsburgh, Pennsylvania, as well as support for a new handicap accesible ramp

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

and pandemic response 43-0653365 501(c)(3) 42,350 International Lutheran Offers acts of mercy and love to communities Laymens League Lutheran Hour Ministries that are at-risk and 660 Mason Ridge Center Dr underserved: Expand St Louis, MO 63141 Lutheran Hour Ministries' mission outreach around the world, strengthening the opportunities for growth of the Gospel of Jesus Christ - specifically in the Middle East and Egypt.

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Concordia Lutheran Church 74-1193453 501(c)(3) 40,250 To provide support for 16801 Huebner Rd emergency disaster relief in Texas, along San Antonio, TX 78258 with funds for bunkbeds for kids and funds for a Christian school in Cambodia. Lutheran Church Missouri 501(c)(3) 39.750 43-0658188 Naumann Missionarv Synod Fund: To provide 1333 S Kirkwood Road pastoral care for all LCMS missionaries and St Louis, MO 63122 families serving in Latin America and the Caribbean and through the work of Rev. Dr. Jonathan and Deaconess Cheryl Naumann, Christ's Care for Children: Assist with funding to help provide a Christ-centered, loving, caring and safe environment as well as food, clothing, healthcare and access to primary school education that otherwise would be out of reach for vulnerable children throughout

Kenya. Also used for nursing scholarships for students on Overseas Mercy Medical Missions

trips.

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

(book, FMV, appraisal, organization if applicable cash non-cash assistance grant or assistance or government assistance other) Global Connection 84-1537632 501(c)(3) 32,350 This funding helps International Global Connection 1408 Horizon Ave Ste 101 International to raise Lafayette, CO 80026 awareness about the Human Trafficking threat to young people in the US, while networking with international church leaders to provide comprehensive business seminars and microloans to disadvantaged women and families overseas. Royal Redeemer Lutheran 23-7090636 501(c)(3) 29,475 To support mission work with Premiere Lutheran Church in Cap-Haitien, Haiti by significantly

(f) Method of valuation

(h) Purpose of grant

improving the working conditions of our Pastors

transforming the lives of the people of our community through the Word and outreach actions include education, health and well-being through self sustainability. Also supports locally the church's "Night to Shine" prom-like event at the Holiday Inn for developmentally disabled adults from surrounding group

and teachers.

homes.

(a) Description of

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

(d) Amount of cash

(c) IRC section

(b) EIN

Royal Redeemer Lutheran Church 11680 Royalton Rd North Royalton, OH 44133

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Community Health Clinic of 20-4852135 501(c)(3) 28.900 To provide quality, Butler County accessible medical and 103 Bonnie Drive dental care to income-

Florida affected by natural disasters.

Butler, PA 16002

Butler, PA 16002

eligible Butler County and surrounding community residents.

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

Fuller Center Disaster
Rebuilders
10 Arrowhead Road
Dnavers, MA 01923

Fuller Center Disaster
26-3704583
501(c)(3)
28,050
To provide a 28,050
To provide a 28,050
To provide residents.

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Pioneer Camp and Retreat 16-1379995 501(c)(3) 21,700 To support the Center Inc Campership Assistance 9324 Lake Shore Road program which allows Angola, NY 14006 eligible student campers from the surrounding region the opportunity to experience

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Confirmand Camp at this lakeside retreat camp. Lutheran Social Services of the 74-1109745 501(c)(3) 20,400 To provide general South Inc Upbring support of Upbring's BeREAL program, which 8305 Cross Park Drive Austin, TX 78754 helps foster youth successfully transition to

self-sufficiency and independence by providing support, education planning and mentorship as well as Supervised Independent Living (SIL) as they age lout of care.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Philadelphia Lutheran 23-2959256 501(c)(3) 18,900 To assist with the

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Five program that

provides medicine and health care for children under the age of five in Kenya by expanding its physical presence where children are at most risk and provide basic medical care and sanitation.

Ministries					launch of a freestanding
PO Box 297					LCMS church to serve
Broomall, PA 19008					the worship needs and
					mission works in the
					Northeast and Center
					City neighborhoods of
					Philadelphia and reach
					out to colleges and
					connect with need youth
					in the area.
Faith Aid and Development	46-3260343	501(c)(3)	18,650		To support the Under

Faith Aid and Development 46-3260343 501(c)(3) 18,650

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

PO Box 4326

Ashburn, VA 20148

(b) EIN

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) LAMP Ministry Inc 43-2009311 501(c)(3) 16,150 For assistance in PO Box 480167 ministering to remote New Haven, MI 48048 communities in Canada. Provides support to recruit, train and send 400 volunteer missionaries to share the gospel year-round

(f) Method of valuation

(g) Description of

(h) Purpose of grant

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

(d) Amount of cash

(c) IRC section

(a) Name and address of

(b) EIN

All Saints Lutheran Church
351 South Main St
Slippery Rock, PA 16057
Slippery Rock, PA 16057

All Saints Lutheran Church
351 South Main St
Slippery Rock, PA 16057

To support the campus ministry programs between the church,
Slippery Rock University and Grove City College by providing general support and funding improvements to the student cather. Also sent funds from a pandemic response gift.

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Lighthouse Foundation 25-1547324 501(c)(3) 14,300 To provide support of a 1302 E Cruikshank Road housing transition Butler, PA 16002 program that provides assistance to those in need of housing: to

(d) Amount of cash

					provide support of a food cupboard ministry accessible to those in need.
Mission Experience Haiti 11245 Tamarron Court Parker, CO 80138	82-1981171	501(c)(3)	12,750		It is the mission of Mission Experience to share the love of God in Jesus Christ with the

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

(c) IRC section

(b) EIN

(a) Name and address of

(f) Method of valuation

to care for orphans. In Haiti, where Voodoo is the most widely practiced religion, our nation and its' orphans. project and providing food, clothing, the town of Croix de Bouquet.

(g) Description of

(h) Purpose of grant

people of the world and

mission is to share God's love with this

These funds support expanding this mission

education, job training and shelter to an additional 50 children in

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Washington City Mission 25-1051749 501(c)(3) 11,500 At City Mission in 84 W Wheeling St Washington County, a Washington, PA 15301 Christ-centered rehabilitative homeless shelter, they provide food, shelter, case management, biblical based counseling, and programming. 34-1573208 501(c)(3) 11,150 To provide support of

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

Redeemer Crisis Center the Redeemer Crisis 2970 West 30th Street Cleveland, OH 44113 Center by improving the spiritual, nutritional and fitness growth of financially impoverished residents in the west

side of Cleveland, Ohio via food provisions, medical assistance. wellness support and summer programming.

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) English District of the LCMS 38-1675740 501(c)(3) 11.000 \$1,000 was used to 33100 Freedom Road sponsor their annual pastor's conference. The Farmington, MI 48336 additional \$10,000 was sent to support the Bethesda International Christian Academy in Chicago. They prepare their students for a

(f) Method of valuation

(a) Description of

(h) Purpose of grant

Pennsylvania.

lifetime of learning, leadership, and service through a dedicated staff. Catholic Charities of the 25-1326213 501(c)(3) 10,800 Diocese of Pittsburgh Inc 72 West New Castle Street

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

Christian faculty and To provide basic needs assistance to address urgent needs such as homelessness, rental Butler, PA 16001 assistance, food and clothing, information, referral resources to individuals and families in Butler and Lawrence counties in

(b) EIN (d) Amount of cash (a) Name and address of (c) IRC section (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Westmoreland County Food 25-1422682 501(c)(3) 10,750 To provide support of this local food pantry Bank 

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

Delmont, PA 15626					Westmoreland County, Pennsylvania.
Hosanna Industries 109 Rinard Lane Rochester, PA 15074	25-1626784	501(c)(3)	10,350		To provide material support for the labor construction program consisting of home rehabilitation and repair for needy residents of southwestern Pennsylvania; to

underwrite creative programs for children.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Associated Lutheran Missions 32-0040693 501(c)(3) 10,000 Sonshine Community Inc Missions: To provide PO Box 3190 support to the McKeesport, PA 15134 Pittsburgh inner city Lutheran mission food support. 25-1339836 501(c)(3) 10.000 Blackburn Center advocates for the rights of all individuals to live free from domestic and sexual violence and

other forms of violence by eliminating root causes and providing for the well-being and safety of survivors/victims.

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

Blackburn Center PO Box 398 Greensburg, PA 15601

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Community Lutheran Ministry 16-1564929 501(c)(3) 10.000 Community Lutheran Inc Ministry (CLM) is an 942 Joseph Ave urban outreach ministry Rochester, NY 14621 which serves the 14621 zip code area in northeast Rochester, NY Dakota Boy and Girls Ranch 23-7139546 501(c)(3) 10.000 Dakota Bovs and Girls Ranch is a Christcentered residential

treatment and leducational center for children and their families.

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

Foundation PO BOX 5007

Minot, ND 58702

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-2065051 501(c)(3) 10.000 Gift for Camp Erin Fluna

1617 JFK Blvd Ste 935 Pittsburgh, a children's Philadelphia, PA 19103 bereavement camp Grace Youth and Family 25-1775374 501(c)(3) 10.000

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

Homeless Sheltering Foundation Program 100 Center Ave Butler, PA 16001

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Hosanna Faith Comes By 85-0223225 501(c)(3) 10,000 Funds support the Military BibleStick, a Hearing 2421 Aztec Rd NE technological device Albuquerque, NM 87107 that contains the Word of God and is available for those service men and women who are

(f) Method of valuation

(g) Description of

(h) Purpose of grant

the poor, addicted, abused and needy.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

deployed in some of the most dangerous areas of the world. It contains the entire Audio Drama New Testament and selected Psalms chosen specifically for "warriors." Light of Life Rescue Mission 25-1056389 501(c)(3) 10.000 To provide a home for

913 Western Ave the homeless and food for the hungry, and will Pittsburgh, PA 15233 build disciples for the Kingdom of God among

Lutheran Church Charities
3020 Milwaukee Ave
Northbrook, IL 60062

The Lutheran Church
Charities K-9 Comfort
Dog Ministry is a
national human-care
ministry embracing the
unique, calming nature
and skills of purebred

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

partnership in many areas of ministry, but also cherish

congregational freedom through these districts.

or assistance

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(b) EIN

(a) Name and address of

organization

					unique, calming nature and skills of purebred Golden Retrievers. The LCC K-9 Comfort Dogs are a bridge for compassionate ministry, opening doors for conversation about faith and creating opportunities to share the mercy, compassion, presence and proclamation of Jesus Christ.
Lutheran Church Missouri Synod Eastern District 5111 Main St Williamsville, NY 14221	16-0803020	501(c)(3)	10,000		The Eastern District is one of thirty-five districts of the Lutheran Church-Missouri Synod headquartered in St. Louis, MO. The LCMS values common

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

10 0001

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

501(6)(3)

God 1201 North Main St Ext Butler, PA 16001	25 1120425	301(0)(3)	10,000		Table" program - an anti-poverty movement to assist brothers/sisters who are ready to take the next step to move out of
					poverty.
Pittsburgh Area Lutheran	65-1234532	501(c)(3)	10,000		PALM was established to

Supports the "The Open

assist the member congregations in their

various ministries and foster, encourage and expedite those activities too large or too comprehensive for one congregation, such as missions, publications, chaplaincies, etc.

Pittsburgh Area Lutheran Ministries 535 N Neville St Pittsburgh, PA 15213

North Main Street Church of

25-1128423

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 58-1437002 501(c)(3) 10,000 Samaritan's Purse is a Samaritans Purse

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

501(c)(3)

PO Box 3000 Boone, NC 28607				nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world.

The Siberian Lutheran Mission Society supports

Siberian Lutheran

brethren by raising funds to purchase Communion kits, Altar ware, Bibles, VBS materials, etc.

10.000

Siberian Lutheran Mission Society Inc 8811 Saint Joe Rd Fort Wayne, IN 46835

32-0040693

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 25-1342910 501(c)(3) 10.000 South Butler Community To support the organization's mission Library that is dedicated to PO BOX 454

(f) Method of valuation

(g) Description of

(h) Purpose of grant

struggling with lalcoholism.

Saxonburg, PA 16056					building community connections and providing tools for lifelong discovery through the library's
					resources and events.
The Clarksburg Mission	23-7177860	501(c)(3)	10 000		To support their mission

The Clarksburg Mission 201(c)(2) 10.000

(d) Amount of cash

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

(c) IRC section

(b) EIN

(a) Name and address of

To support their mission to provide shelter for 312 N 4th St Clarksburg, WV 26301 veterans and people

or government assistance other)

TryLife Center Inc 1155 Wildlife Lodge Rd Lower Burrell, PA 15068

TryLife Center Inc 23-2889006 501(c)(3) 10,000 TryLife Center is a faith-based, life-affirming, pregnancy and family resource center dedicated to promoting the life of the unborn

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

their Christian faith by serving others.

or assistance

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

(d) Amount of cash

grant

(c) IRC section

if applicable

(a) Name and address of

organization

(b) EIN

Child, and the physical, emotional and spiritual well-being of their parents and families, through confidential counseling, education and material support.

Valley Lutheran High School 38-2127998 501(c)(3) 10,000 Valley Lutheran High

Valley Lutheran High School
38-2127998
3560 McCarty Rd
Saginaw, MI 48603

Valley Lutheran High School
38-2127998
501(c)(3)
10,000

Valley Lutheran High
School gives midMichigan students a safe
and caring learning
environment, a quality
education, and various
opportunities to live out

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Womens Choice Network 25-1485574 501(c)(3) 10,000 Funds support their 12705 Perry Hwy Ste C Pregnancy Care Centers Wexford, PA 15090 where they provide

(f) Method of valuation

(g) Description of

(h) Purpose of grant

programs, services and levents for wounded veterans of the military.

					provide pregnancy testing, STD testing and treatment, sonogram, medical consultation and life-saving options to abortion.
Wounded Warrier Project	20-2270924	501(6)(3)	10.000		Wounded Warrier

Wounded Warrior Project 20-23/0934 501(c)(3)| 10,000 l Wounded Warrior 4899 Belfort Rd Ste 300 Project is a veterans Jacksonville, FL 32256 service organization that offers a variety of

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) Wyneken Project 46-4617576 501(c)(3) 10.000 Funds are committed to 100 W Henrietta St be used to support local Baltimore, MD 21230 congregations and establish new churches

la pandemic support gift.

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

where needed in the l Batimore area. Zion Lutheran Church 25-6039254 501(c)(3) 10.000 To support their 3197 Washington Pike Shepherds for Sheep Bridgeville, PA 15017 program in Nigeria and

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Global Lutheran Outreach 20-1993000 501(c)(3) 9.300 To be used for 6709 Ficus Drive education, human care Miramar, FL 33023 and spiritual care for the unreached and underserved in Chile. These funds will be used to

(f) Method of valuation

(g) Description of

(h) Purpose of grant

population.

assist in remodeling a preschool in Valparaiso and launching a rehabilitation center in Santiago. Lutheran Church Missoui Synod 37-1123838 501(c)(3) 9,300 Trinity Lutheran Church

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

To provide funds for Operation Mercy whose Danville goal is to reduce food 824 E Main St insecurity in our Danville, IL 61832 homeless veteran

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Lutheran Heritage Foundation 38-3106702 501(c)(3) 9.300 To be used to provide 51474 Romeo Plank Road "Food for the Body, Macomb, MI 48042 Food for the Soul" to refugees and our Lutheran brothers and sisters in South Sudan

(f) Method of valuation

(g) Description of

(h) Purpose of grant

for summer campers at

this Christian-based summer camp.

through a partnership with the Evangelical Lutheran Church, Also

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

PO Box 355

Prospect, PA 16052

(b) EIN

provided money to drill la water well in Africa (\$4,300). Lutherlyn 8,250 25-0984609 501(c)(3) To provide scholarships

organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Hands of Mercv 26-1876383 501(c)(3) 8.050 To provide labor and 9525 Courtyard Cove material costs for a six Fort Wayne, IN 46825 room rental building in the furtherance of supporting Christian education and to sustain outreach to people with

8,000

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

disabilities in Yambio, South Sudan. Improvements include building a brick security wall, solar power assets and rain collection

litems.

To support their

Northern Uganda

Refugee Trauma Healing program. This program gives refugees and host communities an opportunity to experience God's love by participating in a Biblical-based trauma healing program focused on forgiveness and reconciliation.

(d) Amount of cash

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

501(c)(3)

(c) IRC section

(b) EIN

57-1116978

(a) Name and address of

Water Mission

PO Box 71489

North Charleston, SC 29415

Stepping Stone Mission Inc
748 Gary Road NW
Atlanta, GA 30318

To provide support and ministry to homeless men, women and children using Luther's Small Catechism in Atlanta, Georgia by replenishing supplies of

cash

assistance

(f) Method of valuation

(book, FMV, appraisal,

other)

(a) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Transformational

Housing Program is to assist families facing homelessness with developing healthy coping skills and increased financial literacy. self

management skills, and household management

skills.

replenishing supplies of catechising and bibles to use in training homeless men and weekly food purchases, toiletries and clothing for homeless men who are in training.

Humanitri 43-1470568 501(c)(3) 6.450 Humanitri's

Humanitri 43-1470568 501(c)(3) 6,450
1447 E Grand Ave
St Louis, MO 63107

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

(d) Amount of cash

grant

(c) IRC section

if applicable

(a) Name and address of

organization

or government

(b) EIN

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Living in Liberty 45-4656590 501(c)(3) 6,450 Liberty Garden Homes: PO Box 488 long term recovery

(f) Method of valuation

(g) Description of

(h) Purpose of grant

camp that assists inner-

city organizations and churches in providing alternatives for underprivileged youth to begin healthy and productive lives.

(d) Amount of cash

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

(c) IRC section

(b) EIN

Gibsonia, PA 15044					homes for women that will provide effective and comprehensive Christian based, Twelve Steps and Life skill tools for sustaining lifelens
					for sustaining lifelong recovery.
Pine Valley Camp	25-1270330	501(c)(3)	6,450		Funding for a unique
			-7		1

Pine Valley Camp 504 Chapel Dr Ellwood City, PA 16117

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) St Pauls Evangelical Lutheran 06-6051446 501(c)(3) 5.950 To support Hands of

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

Church Hands of Grace

39 Prospect Ct

New Hartford, CT 06057

New Hartford, CT 06057

We sepper continuous and families experiencing a temporary financial crisis by providing them with food, household

lacods and clothing at no

cost.

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49313	33037	601
Schedule J (Form 990)		Co	ompensat	ion Information	0	MB No.	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.						2019
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inforr	mation.	Open		
	al Revenue Service ne of the organiz	<u> </u> ation			Employer identifica		ectio ımber	
Con	cordia Lutheran Mini	stries Foundation			20-5138266			
Pa	rt I Questi	ons Regarding Compensa	ition		20 3130200			
							Yes	No
1a				f the following to or for a person liste ny relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	is $\square$	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chaut	Teur, cner)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	airectors, truste	es, officers, including the CEO/	executive Directo	or, regarding the items checked on Lin	ie la?			
3	organization's C	EO/Éxecutive Director. Check a	ll that apply. Do	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b		· ·		lified retirement plan?		4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?						4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III.			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29)	) organizations	must complete lines E-0				
5			_	the organization pay or accrue any				
_		ontingent on the revenues of:		o. gaa pa, o. a a. a,				
а	The organization	1?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectic ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No_
	· ·	6a or 6b, describe in Part III.			_			
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixe art III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," documents of the contract that was		8		No
9				presumption procedure described in		9		110
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. 5	50053T Schedule	l (Forn	1 9901	2019

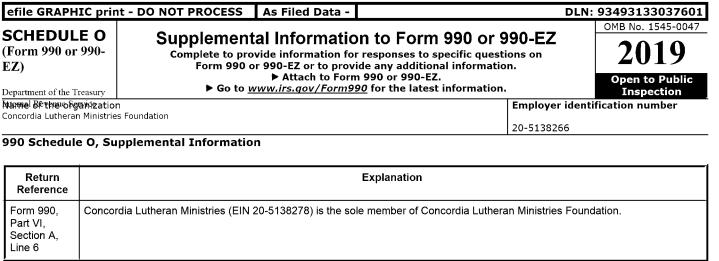
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

instructions, on row (ii). I <b>Note.</b> The sum of column	Do no ns (B)	ot list any individuals that )(i)-(iii) for each listed ind	: are not listed on Form 9 <sup>.</sup> dividual must equal the to	90, Part VII. Ital amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
<b>1</b> Keith Frndak-See Schedule O	(i)	0	0	0	0	0	0	0
President/Chairman	(ii)	573,625	152,050	0	73,950	4,910	804,535	0
<b>2</b> Brian Hortert-See Schedule Board Member	(i)	0	0	0	0	0	0	0
	(ii)	250,183	11,250	25,124	44,217	12,913	343,687	0
3 Paul Brand-See Schedule O	(i)	0	0	0	0	0	0	0
Secretary/Treasurer	(ii)	237,846	4,050	25,321	34,226	0	301,443	0
4 Kim Young-See Schedule O	(i)	0	0	0	0	0	0	0
Board Member	(ii)	221,749	48,250	0	17,630	5,419	293,048	0
<b>5</b> Michael Falbo-See Schedule	(i)	0	0	0	0	0	0	0
O CFO	(ii)	145,785	3,050	0	22,156	10,120	181,111	0
6 Tammy Young-See Schedule	(i)	0	0	0	0	0	0	0
O Board Member	(ii)	135,537	3,400	0	19,918	296	159,151	0
	•							1/5 000) 2010

Schedule J (Form 990) 2019	Page <b>3</b>						
Part III Supplemental Information							
Provide the information, explanatio	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Explanation						
Schedule J, Part I, Line 3	The Executive Committee of Concordia Lutheran Ministries (Parent) (EIN 20-5138278) approves the compensation of the Chief Executive Officer (CEO) annually through his employer Concordia Lutheran Health and Human Care (CLHHC) (EIN 25-0969458). Compensation includes base compensation, bonuses, and other fringe benefits such as health insurance. The committee uses data from state and national associations for organizations of similar size to compare compensation. Executive Committee decisions for CEO compensation are communicated to the Chief Financial Officer. Compensation for key employees is determined by the CEO. Data from state and national associations is used for comparison purposes.						
Schedule J, Part I, Line 4	Affiliates, Concordia Lutheran Health and Human Care (CLHHC) (EIN 25-0969458) and Concordia Community Support Services (CCSS) (EIN 47-3508524) participate in a non-qualified 457 deferred compensation plan for certain highly compensated employees of the Organization. The Concordia Lutheran Ministries (EIN 20-5138278) Board of Directors and CEO approve all participants who are enrolled in the plan. Contributions are deferred and will fully vest in five years. Once disbursed, contributions will appear in Box 5 of the participant's W-2. In the calendar year 2019 the following participants were enrolled in the plan: Michael Falbo, Brian Hortert, Keith Frndak, Paul Brand, Kim Young, and Tammy Young.						
Schedule J, Part II	All board members of Concordia Lutheran Ministries Foundation serve on a purely volunteer basis. Any compensation to a board member by a related organization, reported on Part VII and Schedule J, is for his/her service as an employee of that organization and not for his/her service as a board member.						

Schedule 1 (Form 990) 2019



Return Explanation
Reference

Line 7a

Form 990,
Part VI,
Section A,

The sole member, Concordia Lutheran Ministries (EIN 20-5138278), assigns the board of directors.

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 7b

The sole member, Concordia Lutheran Ministries (EIN 20-5138278), has certain reserve power s over the organization's board of directors' decisions and actions.

Return Explanation

Form 990,
Part VI,
Section B,
Line 11b

The Concordia Lutheran Ministries (EIN 20-5138278) board of directors maintains reserve po
wers on the binding decisions made by the board of directors of Concordia Lutheran Health
and Human Care. Due to these reserve powers, it has been decided to present the Form 990 o
f this organization to the board of directors of Concordia Lutheran Ministries for review
prior to submission. Additionally, any independent board member of this organization was o

ffered an opportunity to review the Form 990 prior to submission as well.

990 Schedule O, Supplemental Information

Return Explanation

from discussion and any votes related to the matter.

Reference	—
Form 990,	The corporate compliance officer attends at least one board meeting per year to educate th
Part VI.	l e board members on the compliance policies, including the conflict of interest policy. Boa

Part VI,
Section B,
Line 12c

e board members on the compliance policies, including the conflict of interest policy. Boa
rd members are required to disclose any potential conflicts of interest prior to discussio
n on a topic where a conflict may exist. The board will determine if the conflict exists a
nd act accordingly, which may include the conflicted board member recusing himself/herself

990 Schedule O, Supplemental Information

Return

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

Evolunation

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 18

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	Concordia Lutheran Ministries publishes an annual report that summarizes the financial ope
Part VI,	rations of the organization and its affiliates which is mailed to all of its constituents.

Part VI, rations of the organization and its affiliates which is mailed to all of its constituents.

Section C, Interest policies, and financial stat ements are available to the public upon request.

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	All board members of Concordia Lutheran Ministries Foundation serve on a purely volunteer basis. Any compensation to a board member by a related organization, reported on Part VII and Schedule J, is for his/her service as an employee of that organization and not for his /her service as a board member. Employment compensation for board members is as follows: K eith Frndak, CEO, Concordia Lutheran Ministries and its affiliates, Kim Young, Former CFO, Concordia Lutheran Ministries and its affiliates, Brian Hortert, COO, Concordia Lutheran Ministries and its affiliates, Director of Finance, Concordia Lutheran Ministries of Pittsburgh, Connor Hagey, Director of Retirement Services, Concordia Lutheran He alth and Human Care, Tammy Young, CFO, Concordia Community Support Services and community based affiliates, Paul Brand, Executive VP, Concordia Lutheran Ministries and its affiliat

es, Tim Temple, Senior Accountant, Concordia Lutheran Ministries and its affiliates.

Return Explanation
Reference

Reference

Form 990,
Part XI, Line

(\$327,886)-Assets released from restriction. \$145,054-Temporarily restricted donations. (\$1)-Rounding.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133037601 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization Concordia Lutheran Ministries Foundation 20-5138266 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table **(g)** Section 512(b) (a)
Name, address, and EIN of related organization (b) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Name, address, and EIN of related organization related organizations and EIN of related organizations related organizations related organizations treated 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.    Primary activity   Legal   Direct (recomplete)   Predominant (soft)   Predominant (soft)	(k)	(j)		(i)	) [	(h	(g)	$\top$	(f)		(e)	(d)	c)	(b)			(a)	
(1) Providence Pharmacy Services  Provides provides providence Pharmacy Services  Provides providence Pharmacy & Cancordia pharmacy & C	ownership	neral or naging rtner?	Gen mar par	Code V-UBI amount in box 20 of Schedule K-1	ionate ons?	Dispropr allocat	Share of I end-of-year		Share of	ated, d, from er	Predomina income(relate unrelate excluded f tax unde sections 5	Direct controlling	gal nicile ate or eign	mary activity d			Name, address, and EIN of	
Part IV   Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.    A   Name, address, and EIN of related organization   Primary activity   Legal domicile (state or foreign)   Direct controlling entity (Corp, S. corp, or trust)   Share of total income ownership assests   Share of end-of-year assests   Share of total income ownership assests   Share of total seasests   Share of total seas		-	Yes			Yes		4										
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  or trust)  (c)  Type of entity (C corp, S corp, or trust)  or trust)	0 %	No			No		0	0	0		Related	ovidence LLC	Р	tutional macy & sulting	i I			15 North Pike Road Cabot, PA 16023
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  or trust)  (c)  Type of entity (C corp, S corp, or trust)  or trust)			$oxed{\bot}$															
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  or trust)  (c)  Type of entity (C corp, S corp, or trust)  or trust)		$\perp$	$\perp$					4										
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  or trust)  (c)  Type of entity (C corp, S corp, or trust)  or trust)			igspace					+										
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  or trust)  (c)  Type of entity (C corp, S corp, or trust)  or trust)			igapha					1					_					
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  Share of total ownership or trust)  over units of total ownership or trust or foreign  (c)  (d)  Type of entity (C corp, S corp, or trust)  Share of total ownership or trust)			igapha					+					_					
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal Admicile (state or foreign  (c)  Legal Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  or trust)  Share of total year ownership or wear ownership or trust)	1	ino 34	<u> </u>	OOO Part I	Form C	s" on l	Swored "Vo	ncu	ization an	ranni	o if the or	Complet	Truc	rporation o	phle as a	ions Tavable at	lated Organizat	Part TV Identification of Po
related organization domicile entity (C corp, S corp, income year ownership (state or foreign or trust) assets	<del></del>				-01111 5	:5 0111	wered re	1150	iizatioii aii									
	(i) Section 512(b (13) controlle entity?  Yes No	ge ip	centag	-of- Perci	of end- year		Share of total	Share of tot	oe of entity orp, S corp,	ling Type (C cor	ct controlling		reign	Leg domi (state or				(a) Name, address, and EIN of related organization
	Tes No												,					
								_										

Schedule R (Form 990) 2019			Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b	Yes	
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)		1d	Yes	
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		<b>1</b> f		No
g Sale of assets to related organization(s)		<b>1</b> g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1i		No
is leave of facilities, equipment, or other accepts to related enganization(s)		11		No

	,			i
<b>f</b> Divide	ends from related organization(s)	<b>1</b> f		No
<b>g</b> Sale	of assets to related organization(s)	<b>1</b> g		No
<b>h</b> Purch	ase of assets from related organization(s)	1h		No
i Excha	nge of assets with related organization(s)	1i		No
j Lease	of facilities, equipment, or other assets to related organization(s)	1j		No
				<u> </u>
<b>k</b> Lease	of facilities, equipment, or other assets from related organization(s)	1k		No
<b>I</b> Perfor	mance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
<b>m</b> Perfor	mance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharin	g of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No					
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes						
0	Sharing of paid employees with related organization(s)	10	Yes						
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes						
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes						
r	Other transfer of cash or property to related organization(s)	1r		No					
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		No					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Method of determining amount involved type (a-s)								

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	total	total	total	(g) Share of end-of-year assets	end-of-year	end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General ( managin partner?	g ?	<b>(k)</b> Percentage ownership
			317)	Yes	No			Yes	No		Yes	No						
										Schedul	e R (Form	199	0) 2019					

Schedule R (Form 990) 2019										
Part VII	Supplemental Info	plemental Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).									
Retu	ırn Reference	Explanation								

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 20-5138266

Name: Concordia Lutheran Ministries Foundation

Form 990, Schedule R, Part II - Identification of Related	_	I	1 25	1 .	10	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	entity	(g) ection 512 (b)(13) controlled entity?
134 Marwood Road Cabot, PA 16023 20-5138278	Manages, oversees, and carries out the purpose of the affiliated 501(c)(3) organizations	PA	501(c)(3)	12 Type III	N/A	No No
134 Marwood Road Cabot, PA 16023 25-0969458	Provides skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	No
613 North Pike Road Cabot, PA 16023 42-1704067	Provides home health care services	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524	No
1300 Bower Hill Road Pittsburgh, PA 15243 27-0209886	Provides skilled nursing, personal care, independent living services, and rehabilitation services	PA	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	No
970 Sumner Parkway Copley, OH 44321 61-1682165	Provides skilled nursing, personal care, independent living, and rehabilitation services	ОН	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	No
3746 Cedar Ridge Road Allison Park, PA 15101 25-0974311	Provides skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	10	Concordia Lutheran Health and Human Care 25-0969458	No
116 Browns Hill Road Suite 100 Valencia, PA 16059 25-1818793	Provides inpatient and outpatient hospice services	PA	501(c)(3)	10	Concordia Lutheran Health and Human Care 25-0969458	No
613 North Pike Road Suite A Cabot, PA 16023 25-1881783	Provides free monitoring to homebound clients and private duty services	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524	No
613 North Pike Road Cabot, PA 16023 46-3845269	Provides home health care services	ОН	501(c)(3)	10	Concordia Community Support Services 47-3508524	No
4363 Northern Pike Monroeville, PA 15146 25-1475192	Provides skilled nursing, personal care, and rehabilitation services	PA	501(c)(3)	10	Concordia Lutheran Ministries of Pittsburgh 25-1818793	No
4363 Northern Pike Monroeville, PA 15146 25-1875508	Provides home health care services	PA	501(c)(3)	10	Concordia Tele- Caregivers 25-1881783	No
613 North Pike Road Suite B Cabot, PA 16023 47-3508524	Provides oversight, management, and strategic planning for home and community based services	PA	501(c)(3)	12 Type II	Concordia Lutheran Ministries 20-5138278	No
134 Marwood Road Cabot, PA 16023 47-3951584	Provides primary care physician services	PA	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	No
613 North Pike Road Suite B Cabot, PA 16023 81-2448411	Provides inpatient and outpatient hospice services	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524	No
4100 E Fletcher Avenue Tampa, FL 33613 37-1869372	Provides skilled nursing, personal care, independent living, and rehabilitative services	FL	501(c)(3)	10	Concordia Lutheran Ministries EIN 20-5138278	No
615 North Pike Road Cabot, PA 16023 20-4386767	Rental/sales of medical equipment and supplies	PA	501(c)(3)	10	Concordia Lutheran Ministries EIN 20-5138278	No