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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
CONCORDIA LUTHERAN MINISTRIES

Doing business as

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

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

D Employer identification number
20-5138278

E Telephone number
(724) 352-1571

G Gross receipts $ 48,234,100

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ concordialm.org

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

L Year of formation: 2006

M State of legal domicile: PA

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-71,423
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,371,525	13,799,107
	9	Program service revenue (Part VIII, line 2g)	618,893	528,788
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,264,960	14,148,295
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,806,904	16,017,663
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,062,282	44,493,853
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	403,622	481,498
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	403,622	481,498
	19	Revenue less expenses. Subtract line 18 from line 12	49,658,660	44,012,355
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	457,798,836	481,636,250
	21	Total liabilities (Part X, line 26)	17,271,637	3,329,089
	22	Net assets or fund balances. Subtract line 21 from line 20	440,527,199	478,307,161

Part II Signature Block

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

Sign Here

Signature of officer | Date 2021-05-11

Michael Falbo CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 161,976 including grants of $ 0) (Revenue $ 112,121)

See Additional Data

4b (Code:) (Expenses $ 1,377 including grants of $ 0) (Revenue $ 416,667)

See Additional Data

4c (Code:) (Expenses $ 5,347 including grants of $ 0) (Revenue $ 0)

See Additional Data

4d Other program services (Describe in Schedule O.)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses ▶** 168,700

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Michael Falbo CFO 134 Marwood Road Cabot, PA 160232299 (724) 352-1571

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	0	1,698,283	114,754

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI Private Trust Company 1 Freedom Valley Drive PO Box 1100 Oaks, PA 19456	Investment management fees	135,721

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	0				
b Membership dues	1b	0				
c Fundraising events	1c	0				
d Related organizations	1d	13,799,107				
e Government grants (contributions)	1e	0				
f All other contributions, gifts, grants, and similar amounts not included above	1f	0				
g Noncash contributions included in lines 1a - 1f:$	1g	0				
h **Total.** Add lines 1a-1f ▶			13,799,107			
Program Service Revenue	Business Code					
2a Management Fees	561000		112,121	112,121	0	0
b Self Insured Liability Insurance	525190		416,667	416,667	0	0
c						
d						
e						
f All other program service revenue.			0	0	0	0
g **Total.** Add lines 2a–2f. ▶			528,788			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			6,453,203	6,453,203	0	0
4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0
5 Royalties ▶			682,572	682,572	0	0
	(i) Real	(ii) Personal				
6a Gross rents (6a)	185,190	0				
b Less: rental expenses (6b)	329,753	0				
c Rental income or (loss) (6c)	-144,563	0				
d Net rental income or (loss) ▶			-144,563	-73,140	-71,423	0
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory (7a)	11,105,586	0				
b Less: cost or other basis and sales expenses (7b)	3,410,494	0				
c Gain or (loss) (7c)	7,695,092	0				
d Net gain or (loss) ▶			7,695,092	7,695,092	0	0
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a Extraordinary Gain on Affiliate	623000		13,952,060	13,952,060	0	0
b Insurance Funding in Excess of Reserve	525100		1,526,342	1,526,342	0	0
c						
d All other revenue			1,252	1,252	0	0
e **Total.** Add lines 11a–11d ▶			15,479,654			
12 **Total revenue.** See instructions ▶			44,493,853	30,766,169	-71,423	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
b Legal				
c Accounting	10,944		10,944	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	281,399		281,399	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	126,184	126,184		
12 Advertising and promotion	134	134		
13 Office expenses	771	771		
14 Information technology	472	472		
15 Royalties				
16 Occupancy	12,924		12,924	
17 Travel	7,725	7,725		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,067	28,067		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0			
23 Insurance	7,531		7,531	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	5,347	5,347		
25 **Total functional expenses.** Add lines 1 through 24e	481,498	168,700	312,798	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		844,787	4	998,203
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		19,925,941	7	19,264,710
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		101,431	9	60,789
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,711,462			
	b	Less: accumulated depreciation	10b 1,005,914	13,812,476	10c	13,705,548
	11	Investments—publicly traded securities		144,346,087	11	166,365,423
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		276,601,755	13	279,221,224
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,166,359	15	2,020,353
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		457,798,836	16	481,636,250
Liabilities	17	Accounts payable and accrued expenses		1,036,974	17	1,213,750
	18	Grants payable			18	
	19	Deferred revenue		283,069	19	200,886
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		15,951,594	25	1,914,453
	26	**Total liabilities.** Add lines 17 through 25		17,271,637	26	3,329,089
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		440,527,199	27	478,307,161
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		440,527,199	32	478,307,161
	33	Total liabilities and net assets/fund balances		457,798,836	33	481,636,250

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,493,853
2	Total expenses (must equal Part IX, column (A), line 25)	2	481,498
3	Revenue less expenses. Subtract line 2 from line 1	3	44,012,355
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	440,527,199
5	Net unrealized gains (losses) on investments	5	-6,232,393
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	478,307,161

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 20-5138278
Name: CONCORDIA LUTHERAN MINISTRIES

Form 990 (2019)

Form 990, Part III, Line 4a:

Concordia Lutheran Ministries is the parent company of a network of organizations that provide a full senior care suite of services that include skilled nursing, inpatient rehabilitation, outpatient rehabilitation, personal care/assisted living, independent living, memory care, adult day, childcare, home care, durable medical equipment, pharmacy, and hospice services. For 140 years, Concordia Lutheran Ministries has been a place with a mission of caring, healing, and comfort provided through heartfelt Christian faith and a strong sense of service to others. The Organization, its subsidiaries, and its over 3,100 employees continued to provide high quality services to the residents in its care as it has done throughout its existence, continuing its CARF accreditation for excellence, and having multiple facilities rated 5 stars by the Center of Medicare and Medicaid Services during the fiscal year. Through its ministries, the Organization served over 45,000 residents/patients through its 19 organizations with its home and community-based service organizations providing over 450,000 caregiving visits in the last year alone. In pursuit of its mission, the Organization incurred expenses related to management including community benefit expenses, as well as the research and acquisition of retirement communities, skilled nursing facilities, and personal care facilities. These expenses include legal and accounting fees, travel to facility sites, meetings related to acquisition decisions, and other research costs including management's time.

Form 990, Part III, Line 4b:

The organization was affected by the COVID-19 pandemic in many ways, but through the perseverance of its staff and managers, the organization has been able to weather the storm very well. The organization was able to secure sufficient levels of personal protective equipment ensuring that no staff member would go without protection through the pandemic. Between PPE, UV light sanitizers and other new technologies, cleaning products, hand sanitizer, and much more, Concordia has invested nearly half a million dollars into protecting its staff and the patients in its care. A key factor in both retaining employees and fighting COVID-19 is comprehensive and ongoing training. Continuous job-specific education was a focus for the organization including hand hygiene, doffing and donning PPE, sanitizing high-touch surface areas frequently and, much more. To show its appreciation to its employees, the organization and its subsidiaries implemented over 1.8 million dollars in incentive programs for employees to show appreciation for their response to the pandemic. In a year affected deeply by the COVID-19 pandemic, Concordia' has not only persevered but rose to the challenge and proved themselves worthy of the reputation the organization has built over the last 140 years. Even those who worked through the tough battle of dealing with positive COVID-19 cases did so with professionalism and grace and did the best for their residents daily.

Form 990, Part III, Line 4c:

Through the Organization and its subsidiaries, the charitable mission of Concordia Lutheran Ministries was expressed in multiple ways. The Organization and its subsidiaries were able to provide over $2,000,000 in donations and grants to various charities in the Organization's local areas of operations and to individuals across the world in need. These donations and grants include support for but not limited to: soup kitchens, homeless shelters, church ministries, AIDS orphans in Africa, camps for grieving children after parental losses, and natural disaster relief. In addition to providing the donations and grants, the Organization and its subsidiaries continued their missions by providing over $12,300,000 in benevolent care to over 650 residents who exhausted their funds while entrusted to the Organization's care. The Organization is proud to say that in its 140 year history, it has never discharged a resident due to an inability to pay. In addition to providing for those in need, the Organization and its subsidiaries offer a full suite of affordable benefits to its over 3,100 employees including a health insurance program facilitated though the Organization. In addition to offering traditional benefits to its employees, the Organization has also provided countless scholarships, gifts, and other incentives to showcase its commitment to being the employer of choice for its operating areas.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Keith Frndak-See Schedule O Chief Executive Officer	1 49			X				0	725,675	23,110
Brian Hortert-See Schedule O Chief Operating Officer	1 44			X				0	286,557	31,113
Kim Young-See Schedule O Former CFO	0 45						X	0	269,999	23,049
Paul Brand-See Schedule O Former CFO	0 45						X	0	267,217	17,186
Michael Falbo-See Schedule O Chief Financial Officer	1 44			X				0	148,835	20,296
Stephen Johnson Chairman of the Board	1 1	X						0	0	0
James Limbaugh Vice Chair	1 1	X						0	0	0
Len Bloom Board Member	1 2	X						0	0	0
Peter Bodnar Board Member	1 1	X						0	0	0
Mary Ann Bornemann Board Member	1 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Rande Casaday Board Member	1 2	X						0	0	0
Jennifer Ciccone Board Member	1 0	X						0	0	0
Rev Edward Grimenstein Board Member	1 1	X						0	0	0
Rev Daniel Hahn Jr Board Member	1 1	X						0	0	0
Paul Hoffman Board Member	1 1	X						0	0	0
Peter Humphrey Board Member	1 0	X						0	0	0
Rev Barry Keurulainen Board Member	1 0	X						0	0	0
Jennifer Lewis Board Member	1 0	X						0	0	0
Russell Lucas Board Member	1 0	X						0	0	0
Paul Rehkopf Board Member	1 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Robert Schmidt Board Member	1 2	X						0	0	0
Katie Straszheim Board Member	1 0	X						0	0	0
James Wolf Board Member	1 2	X						0	0	0
Fred Heintz Jr Board Member	1 2	X						0	0	0
Gail Holzer Board Member	1 1	X						0	0	0
Rev Arthur Litke Board Member	1 0	X						0	0	0
Donald Olmstead Board Member	1 1	X						0	0	0
Rev Douglas Spittel Board Member	1 0	X						0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133036791

TY 2019 Reasonable Cause Explanation

Name:	CONCORDIA LUTHERAN MINISTRIES
EIN:	20-5138278
Software ID:	19009572
Software Version:	v1.00
Explanation:	Filed IRS Form 8868 for automatic six month extension. Additional time was needed to gather information and complete the Form 990 accurately.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133036791

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CONCORDIA LUTHERAN MINISTRIES

Employer identification number
20-5138278

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations 14

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 20-5138278
Name: CONCORDIA LUTHERAN MINISTRIES

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

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CONCORDIA LUTHERAN MINISTRIES

Employer identification number
20-5138278

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X . . . . ▶ $ ____________

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ....

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ ....

c Temporarily restricted endowment ▶ ....

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

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land	0	11,205,284		11,205,284
b Buildings	0	3,317,439	911,422	2,406,017
c Leasehold improvements	0	0	0	0
d Equipment	0	188,739	94,492	94,247
e Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				13,705,548

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)Investment in Concordia Lutheran Ministries Foundation	177,284,660	F
(2)Investment in Concordia Lutheran Health and Human Care	42,278,175	F
(3)Investment in Concordia Lutheran Ministries of Pittsburgh	30,035,388	F
(4)Investment in Concordia of Ohio	13,954,956	F
(5)Investment in Concordia Community Support Services	8,057,638	F
(6)Investment in Concordia of Florida	6,517,584	F
(7)Investment in Concordia Medical Equipment	801,601	F
(8)Investment in Concordia Providence	208,463	F
(9)Investment in Concordia Physician Practice	82,759	F
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	279,221,224	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Deferred Compensation-457 Plan	1,914,453
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,914,453

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 20-5138278
Name: CONCORDIA LUTHERAN MINISTRIES

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

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Investment in Concordia Lutheran Ministries Foundation	177,284,660	F
(1) Investment in Concordia Lutheran Health and Human Care	42,278,175	F
(2) Investment in Concordia Lutheran Ministries of Pittsburgh	30,035,388	F
(3) Investment in Concordia of Ohio	13,954,956	F
(4) Investment in Concordia Community Support Services	8,057,638	F
(5) Investment in Concordia of Florida	6,517,584	F
(6) Investment in Concordia Medical Equipment	801,601	F
(7) Investment in Concordia Providence	208,463	F
(8) Investment in Concordia Physician Practice	82,759	F

Supplemental Information

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CONCORDIA LUTHERAN MINISTRIES

Employer identification number
20-5138278

Part I Questions Regarding Compensation

				Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
a	Receive a severance payment or change-of-control payment?		4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
a	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
a	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 Keith Frndak-See Schedule O Chief Executive Officer	**(i)**	0	0	0	0	0	0	0
	(ii)	573,625	152,050	0	18,200	4,910	748,785	0
2 Brian Hortert-See Schedule O Chief Operating Officer	**(i)**	0	0	0	0	0	0	0
	(ii)	250,183	11,250	25,124	18,200	12,913	317,670	0
3 Michael Falbo-See Schedule O Chief Financial Officer	**(i)**	0	0	0	0	0	0	0
	(ii)	145,785	3,050	0	10,176	10,120	169,131	0
4 Kim Young-See Schedule O Former CFO	**(i)**	0	0	0	0	0	0	0
	(ii)	221,749	48,250	0	17,630	5,419	293,048	0
5 Paul Brand-See Schedule O Former CFO	**(i)**	0	0	0	0	0	0	0
	(ii)	237,846	4,050	25,321	17,186	0	284,403	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3	The Executive Committee of Concordia Lutheran Ministries (Parent) (EIN 20-5138278) approves the compensation of the Chief Executive Officer (CEO) annually through his employer Concordia Lutheran Health and Human Care (CLHHC) (EIN 25-0969458). Compensation includes base compensation, bonuses, and other fringe benefits such as health insurance. The committee uses data from state and national associations for organizations of similar size to compare compensation. Executive Committee decisions for CEO compensation are communicated to the Chief Financial Officer. Compensation for key employees is determined by the CEO. Data from state and national associations is used for comparison purposes.
Schedule J, Part I, Line 4	Affiliate, Concordia Lutheran Health and Human Care (EIN 25-0969458) participates in a non-qualified 457 deferred compensation plan for certain highly compensated employees of the Organization. The Concordia Lutheran Ministries (EIN 20-5138278) Board of Directors, and CEO approve all participants who are enrolled in the plan. In the calendar year 2019 the following participants were enrolled in the plan and contributions are deferred and fully vests in five years. After the five year vesting period the contributions will be included on their W-2 in Box 5. In the calendar year 2019 the following participants were enrolled in the plan: Michael Falbo, Keith Frndak, Brian Hortert, and Paul Brand.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CONCORDIA LUTHERAN MINISTRIES

Employer identification number
20-5138278

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III	Concordia Lutheran Ministries offers a full suite of senior care services through its cont inuum of care. When someone requires skilled nursing, they generally receive one of two ty pes of care: long-term nursing care or short-term rehabilitation. Long-term care is design ed for those who need a higher level of care from a variety of health professionals, inclu ding a medical director, nurses, therapists, social workers, dietitians and more. Short-te rm rehabilitation is designed for those who need additional care after a hospital stay or to recover from an illness, injury, surgery or other medical condition. Depending on the n eeds of the resident or patient, skilled nursing care could be required for years or only a few weeks/months. Eight Concordia Lutheran Ministries locations offer long-term nursing care/short-term rehabilitation: Concordia at Cabot, Concordia of Monroeville, Concordia at Rebecca Residence, Concordia of the South Hills, Concordia at Sumner, Concordia at Villa St. Joseph, Concordia Village of Tampa, & Harmony Physical Rehabilitation. During a year t hat hit many other skilled nursing facilities across the country hard, Concordia's facilit ies have continued to thrive thanks to steadfast employees and clear-eyed administration a nd their dedication to serving our residents and patients. Concordia at Sumner, Concordia of Monroeville, and Concordia at Villa St. Joseph all achieved 5-star ratings for overall quality on the publicly reported U.S. Centers for Medicare & Medicaid Services (CMS) websi te. Concordia at Villa St. Joseph received a deficiency-free Infection Control Survey rela ted to COVID-19 in June 2020, and Concordia at Sumner received a similar deficiency-free C OVID-19 Focused Infection Control Survey performed by the Ohio Department of Health. Harmo ny Physical Rehabilitation continues to be recognized as a premier clinical site for Highm ark due to the facility's work to reduce re-hospitalizations, and Concordia of the South H ills continues to be a provider of choice for both St. Clair Hospital and Allegheny Health Network. Concordia partnered with Butler County Community College in 2020 to expand the R egistered Nursing program at the school and created the Concordia Tuition Assistance Progr am to offer students a debt-free education when they agree to work for Concordia after gra duation. The Concordia at Villa St. Joseph Young at Heart Gala was held in February 2020 a nd raised more than $13,000 to support its Life with Music programs and the benevolent car e fund for residents who cannot afford the full cost of their care. Concordia at Rebecca R esidence made donations and sponsorships to local entities and organizations in excess of $8,000 as well as sending $1.7 million to the Concordia Lutheran Ministries Foundation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont. 1)	When individuals need assistance with activities of daily living, such as bathing and pers onal hygiene, mobility assistance, wound care, preparation of special nutritional meals or diets, housekeeping, laundry and more, they receive personal care (which includes assiste d living at our Ohio and Florida locations). All of Concordia's personal care and assisted living facilities are equipped to care for individuals with memory impairments as well. C oncordia of Fox Chapel serves as Concordia's only standalone memory care facility. At Conc ordia Lutheran Ministries, 12 locations offer personal care or assisted living: Concordia at Cabot, Concordia of Cranberry, Concordia of Fox Chapel, Concordia of Franklin Park, Con cordia of Monroeville, Concordia at the Orchard, Concordia at Rebecca Residence, Concordia at Ridgewood Place, Concordia of the South Hills, Concordia of Wexford, Concordia at Sumn er (assisted living), and Concordia Village of Tampa (assisted living). Concordia of Fox C hapel and the personal care unit in Concordia at Cabot's Oertel Care Center had zero defic iencies in their surveys before all surveys were shut down due to the pandemic. Staffing i s always a pressing challenge, and Concordia's personal care facilities worked to increase staff retention and recruitment. Concordia at Cabot revised their nurse aide training pro gram to focus on hands-on, job-specific training based on input and feedback received from follow-up interviews with new team members. Several other facilities moved forward with m entor programs or added mentors to the programs already in place to prevent them from beco ming stagnant. Elsevier, a new web-based training program for all staff was also rolled ou t this year to encourage better compliance with annual training requirements and make it m ore convenient for staff to comply. A new payroll and scheduling system called OnShift was also implemented, which staff were trained on how to use to assist in covering shifts, co mmunicating more efficiently about schedules and training, and numerous other functions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont. 2)	Retirement living, also known as independent living, is offered at Concordia as a worry-free lifestyle for seniors with every convenience of home. Our apartments and villas are backed by Concordia's brand of quality, security, and value with included amenities like routine maintenance, scheduled transportation, daily events and activities, and much more. Five Concordia Lutheran Ministries locations have retirement living communities: Concordia Haven Apartments (Cabot, PA), Concordia of the South Hills, Concordia at Sumner, Concordia Village of Tampa, and Highpointe at Rebecca. As with all of Concordia's service lines, COVID-19 presented many unique challenges in the world of retirement living. Residents and staff dealt with these many obstacles in stride, finding creative ways to get groceries to residents, connect them with their families remotely, educate them on infection control measures, stay social while social distancing, and much more. At the Concordia Haven Apartments on the Cabot Campus, smaller, distanced worship services continued during the pandemic, groceries were delivered regularly to all three buildings, weekly mobile happy hour and sweet treat carts made the rounds at least once a week, and many more processes were implemented to better serve residents. Concordia of the South Hills held door-to-door activities and small group happy hours and also kept residents in touch with the community through outdoor activities and virtual church services broadcasted on the closed-circuit television channel on their TVs. Highpointe at Rebecca implemented a variety of practices to help ensure the safety of residents and staff, while still having many outdoor events to bring the Highpointe community together (while remaining six feet apart). Concordia at Sumner focused on holding small group activities, such as Bible studies, discovery dialogues, and many themed events, to help alleviate the psycho-social burden the long months of isolation put on residents. The community also helped Concordia throughout the pandemic, making various donations large and small - so it was only appropriate that Concordia give back in whatever way possible. With so many meal deliveries to residents in large brown paper bags that, due to regulations, could not be reused at Concordia, they were donated to many local foodbanks. Residents with lots of newfound free time during the pandemic put their sewing skills to use, creating hundreds of masks that were used by Concordia employees, residents, and even community members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont. 3)	Concordia Visiting Nurses (CVN) has provided high-quality nursing care and a variety of therapy services to people in their own homes since 1998. CVN offers skilled nursing care, social work oversight, physical therapy, occupational therapy, speech therapy, palliative care, telehealth, disease management, spiritual care and specialty services, family educators, and Tele-Caregivers. CVN currently employs 400 dedicated professionals at four branch offices. We continue to serve 13 counties in Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Greene, Lawrence, Washington, parts of Clarion, Indiana, Fayette, Mercer, Venango, and Westmoreland. We provided 296,045 professional service visits to patients in our territories to over 15,500 patients. On the CMS publicly-reported Home Health Compare website, the agency rates 4 out of 5 stars for patient satisfaction. CVN also achieved "deemed status" this year through the Accreditation Commission for Health Care (ACHC), an independent, nonprofit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process. To receive its three-year accreditation, CVN went through a rigorous peer review process and demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality. CVN continues to foster strong relationships with our four high profile hospital system partners - Butler Health System, Heritage Valley Health System, St. Clair Hospital, and Washington Health System - with regular operational meetings and frequent communication. Additionally, the agency meets with several non-partner hospitals, UPMC and Highmark representatives, I.V. vendors, CLM facilities, and other skilled nursing facilities in the service area on a regular basis - and is making significant strides towards additional expansions. In a year unlike any other with a global pandemic, CVN focused on supporting staff. Recruitment and retention remained top priorities, and frequent COVID-19 bulletins were distributed to keep current employees updated and informed. Like the rest of CLM, regular COVID-19 meetings and job-specific trainings were held to stay on top of any new information and best practices. CVN again took part in the Concordia Community Support Services Mission Committee, which hosts a variety of community-focused projects to allow employees to give back to CVN's service territories. Some of the missions made available to all team members included volunteering at The Lighthouse Foundation's local food bank, helping to run a community day in Farrell, PA, framing a transitional dorm style house for girls who have aged out of foster care, and many others.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont. 4)	When a loved one needs hospice care - also referred to as comfort care when the option of curative treatment is no longer beneficial - many families are overwhelmed by the many opt ions and decisions presented to them. At Concordia, we take a highly individualized approa ch to end-of-life care that serves the patient and his or her family with dignity and comf ort. Both Good Samaritan Hospice (GSH) and Concordia Hospice of Washington (CHOW) provide in-home care as well as care at our inpatient locations: GSH Inpatient Unit at Concordia a t Cabot, GSH Inpatient Unit at Heritage Valley Health System, GSH House in Wexford, CHOW a t the Donnell House in Washington, PA. CHOW's care team provided care to 451 patients and conducted 12,279 total visits this year. GSH served 1,866 patients through home visits and inpatient stays. The 142 GSH employees conducted 59,914 visits in total. Both CHOW and GS H strive to lead the field of hospice care and improve processes whenever possible. CHOW r eceived a Strategic Healthcare Programs award for being a top 20% hospice care provider an d exceeded national averages for all metrics on the U.S. Centers for Medicare and Medicaid (CMS) Hospice Compare website. CHOW and GSH held separate Butterfly Release in 2019 that hosted over 300 attendees. CHOW also conducted a 2019 remembrance service and developed a caregiver support group, and GSH hosted a holiday grief workshop for bereaved caregivers t o attend. While most people were isolated during the pandemic and unable to have tradition al funerals, the staff at GSH continued to provide care and service to patients and famili es, specifically focusing on bereavement calls. They have also implemented a weekly virtua l grief support group. GSH's amazing hospice volunteers continue to assist patients' famil ies through the grieving process as well. Though the program was temporarily halted in Mar ch 2020 due to the pandemic, it resumed in June with every precaution in place and has sin ce even gained some volunteers.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont. 5)	In Concordia's continuum of care, many different medical services are offered - both in-home or in one of our facilities. Sometimes, however, seniors or people with limited abilities just need a helping hand. Concordia Private Care, under Concordia's home and community-based services arm Concordia Community Support Services (CCSS, fulfills this need for hundreds of people, offering assistance for tasks like daily housekeeping, meal preparation, bathing, dressing and hygiene care. Concordia Private Care (CPC) employs 54 staff members across western Pennsylvania who served 818 persons with 40,912 in-home service visits (555 nursing visits and 40,357 aide visits) this year. The options program was increased from two counties to three counties in the spring of 2020. Many CPC events were held this year to better inform the community. CPC administrative staff presented at Meet and Greet events at Highpointe at Rebecca, Concordia at Rebecca Residence, Concordia of Fox Chapel, and quarterly meetings on the Concordia at Cabot campus to promote community awareness of private duty options. At the Concordia Visiting Nurses (CVN) South Office, Cabot campus, Concordia at Rebecca Residence, and other service areas, recruitment events were held to show the many excellent job opportunities within CPC. CPC staff took part in the Concordia Community Support Services Mission Committee along with CVN and Concordia Hospice of Washington, helping out at backpack food drives, Christmas gift collections for children in need, and a house build. CPC also continues to work with CVN and other Concordia service lines to encourage communication and collaboration. Even though the pandemic has added extra complications to every aspect of health care, CPC staff are still able to offer their services - just with even more empathy for those they serve. Whether it is taking the time with a client to go over a photo album, talk about their family, or even help them learn various video-conferencing technologies, staff are able to provide much needed companionship during this time. Aides are aware that they might be the only family-like individuals in a client's life, so they take time to ensure every minute matters.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III (Cont. 6)	Angel Tear Ministries, Concordia's mission outreach program, is a fund dedicated to suppor ting the underprivileged around the globe, primarily focusing on the proclamation of the G ospel. By tending to the needs of children and the elderly, training church workers, and p roviding access to food, water, shelter, medical, and Christian educational opportunities, Angel Tear Ministries provides for the physical, educational, and spiritual needs of God' s children so that they may know Christ, grow in their faith, and serve our Lord. Angel Te ar Ministries awarded more than $1.7 million in domestic and international grants in 2020. Domestically, the grants are utilized to support Christian ministries, homeless shelters, soup kitchens, afterschool program, and a plethora of other ministries. The organization also has a passion to help those being affected by natural disasters and has issue countle ss grants to organizations affected by tornados, hurricanes, and other natural disasters. Sincere appreciation is extended to the donors who supported our Angel Tear Ministries Fun d through gifts to the Concordia Lutheran Ministries Foundation during the past year. Whet her the donations are part of the Angel Tears program or are general donations from other subsidiary organizations that support Alzheimer associations, local little league teams, o r volunteer fire departments, Concordia is committed to helping those in need and betterin g the communities in which it operates. Support of this meaningful component of Concordia' s mission has furthered the work of grantee organizations and their leaders as they serve in God's name - changing, shaping, and saving lives along the way.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The corporate compliance officer attends at least one board meeting per year to educate th 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 from discussion and any votes related to the matter.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g	Salary Allocations-$126,184

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CONCORDIA LUTHERAN MINISTRIES

Employer identification number
20-5138278

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Concordia Providence LLC 134 Marwood Road Cabot, PA 16023 20-5138278	General partner of Providence Pharmacy Services, LP (EIN 22-385810)	PA	10,819	208,463	Concordia Lutheran Ministries 20-5138278

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

See Additional Data Table

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

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

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 20-5138278
Name: CONCORDIA LUTHERAN MINISTRIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
134 Marwood Road Cabot, PA 16023 20-5138266	To raise & receive funds for the futherance of the mission & purposes of affiliate 501(c)(3) orgs.	PA	501(c)(3)	12 Type II	Concordia Lutheran Ministries 20-5138278	Yes	
134 Marwood Road Cabot, PA 16023 25-0969458	To provide skilled nursing, personal care, independent living, and rehabilitation services.	PA	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	Yes	
613 North Pike Road Cabot, PA 16023 42-1704067	To provide home health care services	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524		No
1300 Bower Hill Road Pittsburgh, PA 15243 27-0209886	To provide skilled nursing, personal care, independent living, and rehabilitation services	PA	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	Yes	
134 Marwood Road Cabot, PA 16023 61-1682165	To provide healthcare and retirement living services in Ohio	OH	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	Yes	
3746 Cedar Ridge Road Allison Park, PA 15101 25-0974311	To provide skilled nursing, personal care, and rehabilitation services	PA	501(c)(3)	10	Concordia Lutheran Health and Human Care 25-0969458		No
3500 Brooktree Road Wexford, PA 15090 25-1818793	To provide inpatient and outpatient hospice services	PA	501(c)(3)	10	Concordia Lutheran Health and Human Care 25-0969458		No
613 North Pike Road Suite A Cabot, PA 16023 25-1881783	To provide free monitoring services to homebound clients to ensure that they are up and well	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524		No
613 North Pike Road Cabot, PA 16023 46-3845269	Home Health Services	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524		No
4363 Northern Pike Monroeville, PA 15146 25-1475192	To provide skilled nursing, personal care, independent living, and rehabilitation services.	PA	501(c)(3)	10	Concordia Lutheran Ministries of Pittsburgh 27-0209886		No
4363 Northern Pike Monroeville, PA 15146 25-1875508	Home health services	PA	501(c)(3)	10	Concordia Tele-Caregivers 251881783		No
613 North Pike Road Suite B Cabot, PA 16023 47-3508524	Provide oversight, management and strategic planning	PA	501(c)(3)	12 Type II	Concordia Lutheran Ministries 20-5138278	Yes	
112 Marwood Road Cabot, PA 16023 47-3951584	To provide primary physician services	PA	501(c)(3)	10	Concordia Lutheran Ministries 20-5138278	Yes	
613 North Pike Road Suite B Cabot, PA 16023 81-2448411	In-home and in-patient end of life care	PA	501(c)(3)	10	Concordia Community Support Services 47-3508524		No
4100 E Fletcher Avenue Tampa, FL 33613 37-1869372	Provide skilled nursing, personal care, independent living, and rehabilitative services	FL	501(c)(3)	10	Concordia Lutheran Ministries 20-8135278		No
615 North Pike Road Cabot, PA 16023 20-4386767	Rental/sales of medical equipment and supplies	PA	501(c)(3)	10	Concordia Lutheran Minsitries 20-5138278		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Concordia Lutheran Ministries Foundation	c	9,749,107	Market Value
Concordia Community Support Services	c	4,050,000	Market Value
Concordia of Florida	a-i	411,300	Cost
Concordia of Ohio	a-i	84,262	Cost
Concordia Community Support Services	s	97,131	Cost
Concordia Lutheran Ministries of Pittsburgh	s	2,206,450	Cost
Concordia of Ohio	s	562,281	Cost
Concordia Medical Equipment	s	72,850	Cost
Concordia Lutheran Health and Human Care	o	192,903	Cost
Concordia Lutheran Health and Human Care	p	5,437	Cost
Concordia Lutheran Health and Human Care	s	2,689,813	Cost