

PUBLIC DISCLOSURE COPY

LUTHERAN SERVICES FLORIDA, INC.  
3627 W. WATERS AVE.  
TAMPA, FL 33614

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027



Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LUTHERAN SERVICES FLORIDA, INC.</b>		<b>D</b> Employer identification number <b>59-2198911</b>
	Doing business as		<b>E</b> Telephone number <b>813-875-1408</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>262,337,912.</b>
	<b>3627 W. WATERS AVE.</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33614</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SAMUEL M. SIPES</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.LSFNET.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1982</b>	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>1627</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2404</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>247,849,468.</b>	<b>260,828,886.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,104,511.</b>	<b>1,055,595.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-905,546.</b>	<b>104,655.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>494,380.</b>	<b>257,291.</b>
		<b>248,542,813.</b>	<b>262,246,427.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>148,307,104.</b>	<b>147,958,620.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>60,805,208.</b>	<b>67,766,092.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>414,469.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>40,010,999.</b>	<b>44,387,055.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>249,123,311.</b>	<b>260,111,767.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-580,498.</b>	<b>2,134,660.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>49,551,723.</b>	<b>56,683,445.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>38,685,801.</b>	<b>44,925,138.</b>
		<b>10,865,922.</b>	<b>11,758,307.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date <b>5/23/22</b>			
	<b>ROBERT J. WYDRA, JR., CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JULIANA KREUL</b>	Preparer's signature	Date <b>05/23/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01204534</b>
	Firm's name <b>RSM US LLP</b>	Firm's EIN <b>42-0714325</b>	Firm's address <b>7351 OFFICE PARK PLACE MELBOURNE, FL 32940-8229</b>		
			Phone no. <b>321-751-6200</b>		

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 [X]

1 Briefly describe the organization's mission: LUTHERAN SERVICES FLORIDA BRINGS GOD'S HEALING, HOPE AND HELP TO PEOPLE IN NEED IN THE NAME OF JESUS CHRIST.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 143,229,810. including grants of \$ 142,675,772. ) (Revenue \$ ) MANAGING ENTITY - FLORIDA HAS PRIVATIZED THE BEHAVIORAL HEALTH SAFETY NET, CREATING MANAGING ENTITIES TO ENSURE INDIVIDUALS WHO ARE UNINSURED, UNDERINSURED OR INDIGENT HAVE ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. THROUGH ITS SAMH MANAGING ENTITY, LSF DEVELOPS, MANAGES AND OVERSEES A NETWORK OF 62 SERVICE PROVIDERS OVER A 23-COUNTY AREA. LSF HEALTH SYSTEMS, THROUGH ITS SERVICE NETWORK, PROVIDED MENTAL HEALTH SERVICES TO OVER 30,100 INDIVIDUALS, SUBSTANCE ABUSE SERVICES TO MORE THAN 18,150 INDIVIDUALS, AND PREVENTION SERVICES TO MORE THAN 744,200 INDIVIDUALS. WITHOUT THE SERVICES DELIVERED THROUGH LSF HEALTH SYSTEMS, CRITICAL BEHAVIORAL HEALTH NEEDS OF THOUSANDS OF VULNERABLE AND AT-RISK INDIVIDUALS WOULD GO UNMET.

4b (Code: ) (Expenses \$ 70,364,716. including grants of \$ 4,276,501. ) (Revenue \$ 7,294. ) CHILDREN'S SERVICES: HELPING CHILDREN BREAK THE CYCLE OF POVERTY AND REACH THEIR FULL POTENTIAL THROUGH HIGH-QUALITY EDUCATIONAL AND FAMILY-CENTERED PROGRAMS IS THE PRIMARY GOAL OF LSF'S CHILDREN'S SERVICES. THIS PAST YEAR, LSF EDUCATED OVER 4,950 AT-RISK CHILDREN AND HELPED THEIR FAMILIES THROUGH LSF'S EARLY HEAD START AND HEAD START CLASSES ALL ACROSS THE STATE OF FLORIDA. UNDERSTANDING THAT FOOD SECURITY IS ESSENTIAL FOR FAMILY STABILITY AND FOR LEARNING, LSF MAKES SURE THAT EVERY CHILD IN ITS HEAD START AND AFTER SCHOOL PROGRAMS RECEIVE HEALTHY, WELL-BALANCED MEALS EVERY DAY; WE SERVED OVER 3,022,700 MEALS AND SNACKS THROUGHOUT THE YEAR. THE FOOD PROGRAM NOT ONLY ALLEVIATES A FINANCIAL BURDEN FOR PARENTS AND ENSURES THAT CHILDREN ARE READY TO LEARN BECAUSE THEY'RE PROPERLY FED, IT ENCOURAGES

4c (Code: ) (Expenses \$ 26,994,770. including grants of \$ 56,994. ) (Revenue \$ ) YOUTH AND FAMILY SERVICES: WHEN FAMILY UNITS DISINTEGRATE DURING TIMES OF CRISIS AND CONFLICT, LSF CASE MANAGERS AND SOCIAL WORKERS ARE THERE TO NOT ONLY PROTECT CHILDREN, BUT TO HELP PRESERVE FAMILIES WHEN IT'S IN THE BEST INTEREST OF CHILDREN, AND TO REUNIFY FAMILIES ONCE THEY HAVE STABILIZED. LSF'S FOCUS ON FAMILY PRESERVATION AND REUNIFICATION - WHENEVER POSSIBLE AND WHEN IT'S IN THE BEST OF INTEREST OF THE CHILD - TRANSLATES INTO AN ARRAY OF SERVICES TO HELP FAMILIES COPE AND RECOVER FROM TIMES OF CRISIS. IN THIS PAST YEAR, LSF HELPED OVER 5,600 PEOPLE MOVE FROM CRISIS TO STABILITY THROUGH ITS YOUTH AND FAMILY SERVICES. AS PART OF THIS WORK, LSF RESIDENTIAL YOUTH SHELTERS AND GROUP HOMES PROVIDE A TEMPORARY SAFE HAVEN FOR YOUNG PEOPLE AGES 10-17. COUNSELING SERVICES FOR BOTH CHILDREN AND FAMILIES ALLOW INDIVIDUALS AND FAMILIES

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,164,983. including grants of \$ 949,353. ) (Revenue \$ 1,305,592. )

4e Total program service expenses 251,754,279.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	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		1627
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	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.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records



**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT J. WYDRA, JR. CFO	45.00			X			393,171.	0.	43,991.	
(2) SAMUEL M. SIPES PRESIDENT AND CEO	45.00			X			351,072.	0.	65,867.	
(3) AMELIA FOX CSO	45.00				X		342,807.	0.	41,244.	
(4) PHILIP HUBBELL EXEC VP HR	45.00				X		320,139.	0.	43,991.	
(5) ROBERT BIALAS EVP CHILDREN & HS SERV	45.00				X		231,851.	0.	23,020.	
(6) CHRISTINE A. CAUFFIELD CEO & EXEC VP SAMH	45.00				X		231,433.	0.	15,560.	
(7) MICHAEL P. CARROLL EXEC VP OF OPERATIONS	45.00				X		231,657.	0.	13,881.	
(8) LISA GALBRAITH CORPORATE CONTROLLER	45.00					X	154,123.	0.	3,766.	
(9) LAURA P GILBERT VP FINANCE & ADMIN	45.00					X	133,719.	0.	22,547.	
(10) MARIE MASON VP OPERATIONS	45.00					X	145,828.	0.	9,775.	
(11) ANNE K. MADSEN CFO SUBSTANCE ABUSE & MENTAL HEALTH	45.00					X	133,182.	0.	10,546.	
(12) DUSTY B. PYE CIO	45.00					X	126,840.	0.	10,162.	
(13) FRED KRAEGEL CHAIR	2.00	X		X			0.	0.	0.	
(14) SUSAN SCROGGINS VICE CHAIR	2.00	X		X			0.	0.	0.	
(15) DAN YOUNG TREASURER	2.00	X		X			0.	0.	0.	
(16) ALONZO BATSON, JR. SECRETARY	2.00	X		X			0.	0.	0.	
(17) WILLIAM HORNE FORMER CHAIR	2.00	X		X			0.	0.	0.	

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORENZO COBIELLA MEMBER	1.00	X						0.	0.	0.
(19) RUDY KOHLER MEMBER	1.00	X						0.	0.	0.
(20) CHRISTOPHER DANFORD MEMBER	1.00	X						0.	0.	0.
(21) CHRISTINE FRANKLIN MEMBER	1.00	X						0.	0.	0.
(22) JESSICA GORDON MEMBER	1.00	X						0.	0.	0.
(23) PHIL PARSATOON MEMBER	1.00	X						0.	0.	0.
(24) THE REV PEDRO M SUAREZ EX-OFFICIO	1.00	X						0.	0.	0.
(25) REVEREND GREGORY S WALTON EX-OFFICIO	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,795,822.	0.	304,350.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,795,822.	0.	304,350.

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 **24**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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	X
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	X

**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
SCHOOL DISTRICT OF PALM BEACH, 2300 FOREST HILL BLVD A-323, WEST PALM BEACH, FL 33406	CHILD SERVICES	4,453,713.
DUVAL COUNTY SCHOOL BOARD, 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207	CHILD SERVICES	2,042,197.
HISPANIC HUMAN RESOURCES, 1427 S. GONGRESS AVE, WEST PALM BEACH, FL 33406	CHILD SERVICES	1,818,583.
FLORENCE FULLER CHILD DEVELOPMENT CENTER 200NE 14TH STREET, BOCA RATON, FL 33432	CHILD SERVICES	1,538,651.
R'CLUB CHILD CARE, INC 4140 49TH ST NORTH, ST PETERSBURG, FL 33709	CHILD SERVICES	1,506,138.

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 **40**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>	58,426.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	257,724,512.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,045,948.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,176,462.				
	<b>h Total.</b> Add lines 1a-1f			260,828,886.			
Program Service Revenue	<b>2 a</b> GUARDIANSHIP SERVICES	Business Code	624200	700,829.	700,829.		
	<b>b</b> RESETTLEMENT SERVICES		624200	347,472.	347,472.		
	<b>c</b> MANAGEMENT FEE		611710	7,294.	7,294.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,055,595.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			49,509.		49,509.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	35,198.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		35,198.			
	<b>d</b> Net rental income or (loss)			35,198.	35,198.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	146,631.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		91,485.			
<b>c</b> Gain or (loss)	<b>7c</b>		55,146.				
<b>d</b> Net gain or (loss)			55,146.		55,146.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	Business Code	900099	222,093.	222,093.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			222,093.			
<b>12 Total revenue.</b> See instructions			262,246,427.	1,312,886.	0.	104,655.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	140,888,470.	140,888,470.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	7,070,150.	7,070,150.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,045,643.	731,586.	1,131,816.	182,241.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	52,791,927.	49,117,771.	3,579,358.	94,798.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	999,929.	999,409.	-2,070.	2,590.
<b>9</b> Other employee benefits	7,541,980.	7,084,364.	439,446.	18,170.
<b>10</b> Payroll taxes	4,386,613.	4,046,282.	319,667.	20,664.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	188,374.	175,019.	13,355.	
<b>c</b> Accounting	412,813.	2,142.	410,671.	
<b>d</b> Lobbying	30,000.		30,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	18,951.		18,951.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	22,339,163.	22,146,226.	169,087.	23,850.
<b>12</b> Advertising and promotion	38,448.	13,784.	23,606.	1,058.
<b>13</b> Office expenses	6,291,381.	6,099,082.	176,257.	16,042.
<b>14</b> Information technology	2,294,108.	2,005,186.	260,971.	27,951.
<b>15</b> Royalties				
<b>16</b> Occupancy	5,510,559.	4,925,032.	570,736.	14,791.
<b>17</b> Travel	1,271,739.	1,240,981.	21,123.	9,635.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	788,320.	723,712.	63,283.	1,325.
<b>20</b> Interest	273,773.	103,226.	170,547.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	716,785.	590,484.	126,301.	
<b>23</b> Insurance	861,071.	770,990.	88,776.	1,305.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD PURCHASES</b>	1,596,533.	1,596,533.		
<b>b</b> <b>IN-KIND SUPPLIES &amp; FOOD</b>	1,176,462.	1,176,462.		
<b>c</b> <b>STAFF RECRUITMENT</b>	168,651.	102,265.	66,386.	
<b>d</b> <b>BACKGROUND CHECK</b>	49,733.	48,875.	858.	
<b>e</b> All other expenses	360,191.	96,248.	263,894.	49.
<b>25</b> Total functional expenses. Add lines 1 through 24e	260,111,767.	251,754,279.	7,943,019.	414,469.
<b>26</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,779,697.	<b>1</b>	12,289,176.
	<b>2</b> Savings and temporary cash investments .....	10,863,828.	<b>2</b>	7,891,592.
	<b>3</b> Pledges and grants receivable, net .....	20,673,268.	<b>3</b>	22,090,890.
	<b>4</b> Accounts receivable, net .....	593,691.	<b>4</b>	108,718.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	240,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,049,757.	<b>9</b>	1,189,707.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,473,453.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,483,041.	<b>10c</b>	4,990,412.
	<b>11</b> Investments - publicly traded securities .....	1,000,392.	<b>11</b>	1,246,560.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,934,857.	<b>15</b>	6,636,390.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	49,551,723.	<b>16</b>	56,683,445.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	30,594,706.	<b>17</b>	27,681,817.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,639,964.	<b>19</b>	13,410,708.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,590,959.	<b>23</b>	2,363,458.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,860,172.	<b>25</b>	1,469,155.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	38,685,801.	<b>26</b>	44,925,138.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,084,811.	<b>27</b>	3,459,296.
	<b>28</b> Net assets with donor restrictions .....	8,781,111.	<b>28</b>	8,299,011.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,865,922.	<b>32</b>	11,758,307.
<b>33</b> Total liabilities and net assets/fund balances .....	49,551,723.	<b>33</b>	56,683,445.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	262,246,427.
2	Total expenses (must equal Part IX, column (A), line 25)	2	260,111,767.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,134,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,865,922.
5	Net unrealized gains (losses) on investments	5	227,116.
6	Donated services and use of facilities	6	-1,637,548.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	168,157.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,758,307.

**Part XII Financial Statements and Reporting**

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

- 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? .....  
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? .....  
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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	



**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	211255224	216785220	240890310	247849468	260828886	1177609108.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	211255224	216785220	240890310	247849468	260828886	1177609108.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1177609108.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	211255224	216785220	240890310	247849468	260828886	1177609108.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	141,588.	56,252.	65,357.	74,997.	84,707.	422,901.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	403,806.	139,067.	531,539.	479,678.	222,093.	1776183.
<b>11 Total support.</b> Add lines 7 through 10						1179808192.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,038,511.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.81	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.82	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS REVENUE**

2016 AMOUNT: \$ 394,999.

2017 AMOUNT: \$ 139,067.

2018 AMOUNT: \$ 531,539.

2019 AMOUNT: \$ 479,678.

2020 AMOUNT: \$ 222,093.

**SPECIAL FUNDRAISING EVENTS REVENUE**

2016 AMOUNT: \$ 8,807.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>LUTHERAN SERVICES FLORIDA, INC.</b>	Employer identification number  <b>59-2198911</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>150,009,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>58,089,733.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>6,651,944.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>6,099,826.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>5,798,570.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>5,669,115.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>LUTHERAN SERVICES FLORIDA, INC.</b>	Employer identification number  <b>59-2198911</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>5,661,348.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LUTHERAN SERVICES FLORIDA, INC.</b>	Employer identification number  <b>59-2198911</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>LUTHERAN SERVICES FLORIDA, INC.</b>	Employer identification number  <b>59-2198911</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>LUTHERAN SERVICES FLORIDA, INC.</b>	Employer identification number <b>59-2198911</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		30,000.
<b>j</b> Total. Add lines 1c through 1i .....			30,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

LSF PAYS LIBERTY PARTNERS OF TALLAHASSEE, LLC A MONTHLY RETAINER FEE TO RENDER THE FOLLOWING SERVICES: (1) EDUCATION AND CONSULTING SERVICES AND (2) SUCH OTHER SPECIFIC SERVICES IN REGARD TO THE LEGISLATURE AND EXECUTIVE GOVERNMENT OF THE STATE OF FLORIDA AS THE PARTIES MAY MUTUALLY AGREE UPON.

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

2020

Open to Public Inspection

Name of the organization LUTHERAN SERVICES FLORIDA, INC. Employer identification number 59-2198911

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

**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 make 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 program
  - 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             | 20,054,561. |
| d Additions during the year     | 92,912.     |
| e Distributions during the year | 20,147,473. |
| f Ending balance                | 0.          |
- 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 on 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	9,842,335.	11,004,710.	5,916,773.	7,888,864.	9,763,506.
b Contributions	2,008,220.	2,021,105.	6,798,115.	235,126.	389,792.
c Net investment earnings, gains, and losses	238,498.	24,299.	67,715.	66,310.	63,691.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,543,482.	3,207,779.	1,777,893.	2,273,527.	2,328,125.
f Administrative expenses					
g End of year balance	9,545,571.	9,842,335.	11,004,710.	5,916,773.	7,888,864.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  10.4390 %
  - b Permanent endowment  13.0590 %
  - c Term endowment  76.5020 %
- 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   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 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		1,610,899.		1,610,899.
b Buildings		3,672,521.	2,398,707.	1,273,814.
c Leasehold improvements		4,793,558.	3,018,821.	1,774,737.
d Equipment		2,616,336.	2,341,218.	275,118.
e Other		780,139.	724,295.	55,844.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  4,990,412.



**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	256,424.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	996,448.
(3) ASSETS LIMITED AS TO USE	280,812.
(4) GIFTED FACILITIES	4,870,550.
(5) DUE FROM AFFILIATE	232,156.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,636,390.

**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	
(2) CAPITAL LEASE OBLIGATIONS	1,469,155.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,469,155.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	265,107,484.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	227,116.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,483,687.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	168,157.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		2,878,960.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	262,228,524.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	17,903.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		17,903.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	262,246,427.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	264,215,099.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	4,121,235.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		4,121,235.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	260,093,864.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	17,903.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		17,903.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	260,111,767.

**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.

**PART IV, LINE 1B:**

IN CONNECTION WITH THE ORGANIZATION'S GUARDIANSHIP PROGRAM, THE ORGANIZATION HOLDS ASSETS IN TRUST FOR INDIVIDUALS WHO HAVE BEEN DECLARED INCAPACITATED. THE ORGANIZATION IS A COURT-APPOINTED LEGAL GUARDIAN FOR THESE INDIVIDUALS. ASSETS HELD IN TRUST FOR THESE INDIVIDUALS INCLUDE TANGIBLE PERSONAL PROPERTY AND REAL PROPERTY VALUED AT THEIR FAIR VALUE ON THE DATE THE ORGANIZATION WAS APPOINTED GUARDIAN. CASH AND INVESTMENTS ARE VALUED AT THEIR CURRENT MARKET VALUE. INCOME EARNED ON ASSETS HELD IN TRUST ARE APPLIED TO EACH INDIVIDUAL'S ACCOUNT BALANCE. THE ASSETS THAT ARE HELD IN TRUST BY THE ORGANIZATION ARE NOT INCLUDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

## PART V, LINE 4:

THE ORGANIZATION INTENDS FOR THE PERMANENT ENDOWMENT FUNDS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT FUNDS WHILE ALSO PRESERVING THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OVER THE LONG-TERM. EARNINGS DISTRIBUTED ARE USED TO SUPPORT PROGRAM OBJECTIVES AS STIPULATED BY DONOR-RESTRICTIONS OR AS STIPULATED BY THE BOARD OF DIRECTORS. THE ORGANIZATION INTENDS FOR THE TEMPORARY ENDOWMENTS TO BE USED FOR DISASTER RELIEF, TUITION REIMBURSEMENT PROGRAMS, CAPITAL IMPROVEMENTS, AND PROGRAMS.

## PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. LSF IS THE SOLE MEMBER OF LSF HEALTH, WHICH IS CONSIDERED A DISREGARDED ENTITY FOR FEDERAL AND STATE INCOME TAX PURPOSES. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY SUCH UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2018.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 168,157.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALLOCATED EXPENSES 17,903.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REALLOCATED EXPENSES 17,903.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **LUTHERAN SERVICES FLORIDA, INC.** Employer identification number **59-2198911**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY HOUSING OF NORTHEAST FLORIDA, INC - 76 S LAURA ST, STE 303 - JACKSONVILLE, FL 32202	59-3087085	501(C)(3)	112,809.	0.			DCF SAMH PROVIDER
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS - 4201 SW 21ST PL - GAINESVILLE, FL 32607	59-6000501	115(1)	328,170.	0.			DCF SAMH PROVIDER
ALTERNATE GROUP CARE 1001 W OAKLAND PARK BLVD SUNRISE, FL 33351	46-2464364		13,500.	0.			DCF SAMH PROVIDER
BAYCARE BEHAVIORAL HEALTH, INC PO BOX 428 NEW PORT RICHEY, FL 34656-0428	59-1371752	501(C)(3)	3,563,347.	0.			DCF SAMH PROVIDER
CAMELOT COMMUNITY CARE, INC 4910-D CREEKSIDE DR CLEARWATER, FL 33760	31-1659302	501(C)(3)	211,269.	0.			DCF SAMH PROVIDER
CATHEDRAL FOUNDATION OF JACKSONVILLE, INC DBA AGING TRUE - 4250 LAKESIDE DR, STE 300 - JACKSONVILLE, FL 32210	59-6161532	501(C)(3)	467,551.	0.			DCF SAMH PROVIDER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **59.**
- 3** Enter total number of other organizations listed in the line 1 table **7.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC - 1218 NW 6TH STREET - GAINESVILLE, FL 32601	59-1435252	501(C)(3)	708,159.	0.			DCF SAMH PROVIDER
CHILD GUIDANCE CENTER, INC 5776 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207	59-0704727	501(C)(3)	1,943,954.	0.			DCF SAMH PROVIDER
CHILDREN'S HOME SOCIETY OF FLORIDA, INC - 5766 S SEMORAN BLVD - ORLANDO, FL 32822	59-0192430	501(C)(3)	392,527.	0.			DCF SAMH PROVIDER
CLAY BEHAVIORAL HEALTH CENTER, INC 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073	59-2219317	501(C)(3)	4,673,735.	0.			DCF SAMH PROVIDER
COMMUNITY COALITION ALLIANCE, INC 435 CITRONA DRIVE FERNANDINA BEACH, FL 32034	26-4026115	501(C)(3)	1,400,965.	0.			DCF SAMH PROVIDER
COMMUNITY REHABILITATION CENTER, INC - 623 BEECHWOOD ST - JACKSONVILLE, FL 32206	59-3198739	501(C)(3)	213,950.	0.			DCF SAMH PROVIDER
DANIEL MEMORIAL, INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	59-3067752	501(C)(3)	937,689.	0.			DCF SAMH PROVIDER
DAYSRING VILLAGE, INC PO BOX 1080 HILLIARD, FL 32046	59-2920469		1,137,321.	0.			DCF SAMH PROVIDER
DELORES BARR WEAVER POLICY CENTER, INC - 40 E ADAMS ST, STE 130 - JACKSONVILLE, FL 32202	46-0938295	501(C)(3)	74,406.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEVEREUX ADVANCED BEHAVIORAL HEALTH CORP - 5850 TG LEE BOULEVARD SUITE 400 - ORLANDO, FL 32822	23-1390618		46,472.	0.			DCF SAMH PROVIDER
DIXIE DISTRICT SCHOOL BOARD 823 SE 349 HIGHWAY OLD TOWN, FL 32680	59-6000586	115(1)	1,981.	0.			DCF SAMH PROVIDER
ECKERD YOUTH ALTERNATIVES, INC 100 STARCREST DR CLEARWATER, FL 33765	59-2551416	501(C)(3)	698,923.	0.			DCF SAMH PROVIDER
EPIC COMMUNITY SERVICE, INC 1400 OLD DIXIE HWY, STE A ST AUGUSTINE, FL 32084	59-1502582	501(C)(3)	3,011,038.	0.			DCF SAMH PROVIDER
FIRST COAST RECOVERY ADVOCATES 23 W 8TH STREET JACKSONVILLE, FL 32206	85-3112656	501(C)(3)	56,240.	0.			DCF SAMH PROVIDER
FLAGLER HOSPITAL, INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	392,517.	0.			DCF SAMH PROVIDER
FLAGLER OPEN ARMS RECOVERY SERVICES, INC - 2001 PLAM DRIVE - FLAGLE BEACH, FL 32136	85-1112598	501(C)(3)	63,000.	0.			DCF SAMH PROVIDER
FRESH MINISTRIES, INC 1131 N LAURA ST JACKSONVILLE, FL 32206	59-2967898	501(C)(3)	1,074,404.	0.			DCF SAMH PROVIDER
GAINESVILLE OPPORTUNITY CENTER, INC - 2772 NW 43RD ST, STE B-1 - GAINESVILLE, FL 32606	20-8823721	501(C)(3)	395,174.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAINESVILLE PEER RESPITE, INC 728 EAST UNIVERSITY AVENUE GAINESVILLE, FL 32601	47-4480110	501(C)(3)	100,000.	0.			DCF SAMH PROVIDER
GATEWAY COMMUNITY SERVICES, INC 555 STOCKTON ST JACKSONVILLE, FL 32204	59-1881828	501(C)(3)	11,869,730.	0.			DCF SAMH PROVIDER
GLOBAL MEDICAL & BEHAVIORAL HEALTH CORP - 121 WEBB DRIVE SUITE 202 - DAVENPORT, FL 33897	47-5517852		41,310.	0.			DCF SAMH PROVIDER
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC - 14041 ICOT BLVD - CLEARWATER, FL 33760	59-1229354	501(C)(3)	473,055.	0.			DCF SAMH PROVIDER
HALIFAX HOSPITAL MEDICAL CENTER DBA HALIFAX HEALTH - 303 N CLYDE MORRIS BLVD - DAYTONA BEACH, FL 32114	59-6001217	501(C)(3)	1,553,351.	0.			DCF SAMH PROVIDER
HANLEY CENTER FOUNDATION, INC 900 54TH ST WEST PALM BEACH, FL 33407	20-2871945	501(C)(3)	1,117,929.	0.			DCF SAMH PROVIDER
HERNANDO COUNTY COMMUNITY ANTI-DRUG COALITION - 13001 SPRING HILL DRIVE - SPRING HILL, FL 34609	20-0450051	501(C)(3)	176,104.	0.			DCF SAMH PROVIDER
I.M. SULZBACHER CENTER FOR THE HOMELESS, INC - 611 E ADAMS ST - JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	237,613.	0.			DCF SAMH PROVIDER
INSPIRE TO RISE, INC 5927 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210	83-1762729	501(C)(3)	160,738.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFESTREAM BEHAVIORAL CENTER, INC 2020 TALLY ROAD LEESBURG, FL 34749	59-1561501	501(C)(3)	19,633,827.	0.			DCF SAMH PROVIDER
MARLYN BEHAVIORAL HEALTH SYSTEMS, INC DBA QUALITY RESOURCE CENTER - 11265 ALUMNI WAY - JACKSONVILLE, FL 32246	59-3433089	501(C)(3)	330,142.	0.			DCF SAMH PROVIDER
MENTAL HEALTH AMERICA OF EAST CENTRAL FLORIDA, INC - 531 RIDGEWOOD AVENUE - DAYTONA BEACH, FL 32114	59-6044669	501(C)(3)	189,305.	0.			DCF SAMH PROVIDER
MENTAL HEALTH RESOURCE CENTER, INC 10550 DEERWOOD PARK BLVD, STE 600 JACKSONVILLE, FL 32256	59-1905344	501(C)(3)	15,275,968.	0.			DCF SAMH PROVIDER
MERIDIAN BEHAVIORAL HEALTHCARE, INC - 4300 SW 13TH ST - GAINESVILLE, FL 32608	59-1906214	501(C)(3)	20,482,032.	0.			DCF SAMH PROVIDER
METRO TREATMENT OF FLORIDA, LP DBA JACKSONVILLE METRO TREATMENT CENTER - 2500 MAITLAND CENTER PARKWAY SUITE 250 - MAITLAND, FL	58-2341219		2,552,716.	0.			DCF SAMH PROVIDER
MID FLORIDA HOMELESS COALITION, INC - 104 E DAMPIER STREET - INVERNESS, FL 34450	59-3800140	501(C)(3)	191,204.	0.			DCF SAMH PROVIDER
NAMI HERNANDO PO BOX 5613 SPRING HILL, FL 34611	59-2684242	501(C)(3)	71,719.	0.			DCF SAMH PROVIDER
NATIONAL ALLIANCE ON MENTAL ILLNESS OF MARIONS COUNTY INC - PO BOX 5753 - Ocala, FL 34478-5753	59-3509499	501(C)(3)	125,000.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST BEHAVIORAL HEALTH SERVICES, INC - PO BOX 9373A - JACKSONVILLE, FL 32208	59-3128476	501(C)(3)	611,314.	0.			DCF SAMH PROVIDER
OPERATION PAR, INC 6655 66TH ST N PINELLAS PARK, FL 33781	59-1349234	501(C)(3)	1,061,920.	0.			DCF SAMH PROVIDER
OUTREACH COMMUNITY CARE NETWORK, INC - 240240 NORTH FREDERICK AVENUE - DAYTONA BEACH, FL 32114	59-2897172		228,078.	0.			DCF SAMH PROVIDER
PHOENIX PROGRAMS OF FLORIDA DBA PHOENIX HOUSE OF FLORIDA - 501 VONDERBURG DRIVE SUITE 301 - BRANDON, FL 33511	59-3172948	501(C)(3)	394,512.	0.			DCF SAMH PROVIDER
RIVER REGION HUMAN SERVICES, INC 2055 REYKO RD, STE 101 JACKSONVILLE, FL 32207	59-1952727	501(C)(3)	8,241.	0.			DCF SAMH PROVIDER
SCHOOL BOARD OF NASSAU COUNTY 1201 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034	59-6000756	115(1)	11,141.	0.			DCF SAMH PROVIDER
SCHOOL DISTRICT OF CLAY COUNTY - SEDNET - 2306 KINGSLEY AVE - ORANGE PARK, FL 32073	59-3474751	115(1)	317,053.	0.			DCF SAMH PROVIDER
SHINING LIGHT PEER SERVICES 3701 CRILL AVENUE PALATKA, FL 32177	83-1663725	501(C)(3)	63,000.	0.			DCF SAMH PROVIDER
SMA BEHAVIORAL HEALTH SERVICES, INC. - 1220 WILLIS AVE, BOX 60 - DAYTONA BEACH, FL 32114-2810	59-0976866	501(C)(3)	25,931,559.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. AUGUSTINE YOUTH SERVICES, INC 201 SIMONE WAY ST AUGUSTINE, FL 32086	59-2925271	501(C)(3)	1,617,613.	0.			DCF SAMH PROVIDER
STARTING POINT BEHAVIORAL HEALTHCARE - 461342 SR 200 - YULEE, FL 32097	59-3029469	501(C)(3)	2,694,176.	0.			DCF SAMH PROVIDER
SUMTER COUNTY SCHOOL BOARD 2680 WEST COUNTY ROAD 476 BUSHNELL, FL 33513	59-6000863	115(1)	8,186.	0.			DCF SAMH PROVIDER
THE CENTERS, INC 5664 SW 60TH AVE, BLDG 1 OCALA, FL 34474	51-0177273	501(C)(3)	8,814,284.	0.			DCF SAMH PROVIDER
THE CHILDRENS PLACE AT HOMESAFE, INC DBA HOMESAFE - 2640 SIXTH AVE S - LAKE WORTH, FL 33461	59-1935485	501(C)(3)	18,254.	0.			DCF SAMH PROVIDER
THE CHRYSALIS CENTER, INC 1507 SUNSET DRIVE CORAL GABLES, FL 33143	20-1966531		913,423.	0.			DCF SAMH PROVIDER
THE HOUSE NEXT DOOR, INC 804 N WOODLAND BLVD DELAND, FL 32720-3429	59-1675284	501(C)(3)	528,466.	0.			DCF SAMH PROVIDER
UNITED WAY OF NORTH CENTRAL FLORIDA, INC - 6031 NW 1ST PLACE - GAINESVILLE, FL 32607-2025	59-0808855	501(C)(3)	45,000.	0.			DCF SAMH PROVIDER
UNITED WAY OF SUWANNEE VALLEY, INC 871 SW STATE ROAD 47 LAKE CITY, FL 32025	59-1262354	501(C)(3)	122,712.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN JACKSONVILLE, INC. DBA AGING TRUE - 4250 LAKESIDE DR SUITE 200 - JACKSONVILLE, FL 32210	23-7024899	501(C)(3)	189,247.	0.			DCF SAMH PROVIDER
VAN GOGH'S PALETTE INC. DBA. VINCENT ACADEMY ADVENTURE COAST - 4801 78TH AVE N - PINELLAS PARK, FL 34611	59-3720139	501(C)(3)	371,833.	0.			DCF SAMH PROVIDER
VOLUNTEERS OF AMERICA OF FLORIDA, INC - 1205 E 8TH AVE - JACKSONVILLE, FL 33605	58-1856992	501(C)(3)	256,705.	0.			DCF SAMH PROVIDER
VOLUSIA RECOVERY ALLIANCE, INC 3140 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118	84-2207501	501(C)(3)	63,000.	0.			DCF SAMH PROVIDER
YOUTH CRISIS CENTER, INC 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216	59-2176287	501(C)(3)	55,511.	0.			DCF SAMH PROVIDER
ZERO HOUR LIFE CENTER, INC 3070 W CARDINAL STREET LECANTO, FL 34461	82-4751578	501(C)(3)	62,398.	0.			DCF SAMH PROVIDER

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING & SHELTER FOR INDIGENTS	20455	0.	4,437,283.	FMV	FOOD, CLOTHING, HOUSING
DIRECT CASH ASSISTANCE FOR RENT, UTILITIES, ETC	26187	845,566.	0.		

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

**PART I, LINE 2:**

IT IS THE POLICY OF LSF TO MAINTAIN ACCURATE BOOKS AND TO PUBLISH AND  
DISTRIBUTE A COMPLETE SET OF CURRENT MONTH AND YEAR TO DATE FINANCIAL  
STATEMENTS TO CONTRACT MANAGERS REFLECTING THE ACCURACY AND TIMELY  
PUBLICATION OF THEIR GRANTS AND CONTRACT FUNDING. ALL INDIVIDUALS  
RECEIVING CASH AND/OR NONCASH ASSISTANCE ARE ELIGIBLE TO RECEIVE SUCH  
ASSISTANCE IN ACCORDANCE WITH LSF'S CONTRACTS WITH THE FUNDING SOURCES.  
LSF'S CONTRACT COMPLIANCE IS ROUTINELY MONITORED BY THE VARIOUS FUNDERS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**LUTHERAN SERVICES FLORIDA, INC.**

Employer identification number

**59-2198911**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

**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 aren't 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) ROBERT J. WYDRA, JR. CFO	(i)	192,578.	0.	200,593.	25,257.	18,734.	437,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SAMUEL M. SIPES PRESIDENT AND CEO	(i)	349,244.	0.	1,828.	50,000.	15,867.	416,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMELIA FOX CSO	(i)	188,620.	0.	154,187.	22,610.	18,634.	384,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP HUBBELL EXEC VP HR	(i)	190,862.	0.	129,277.	25,257.	18,734.	364,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT BIALAS EVP CHILDREN & HS SERV	(i)	231,490.	0.	361.	22,357.	663.	254,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINE A. CAUFFIELD CEO & EXEC VP SAMH	(i)	230,018.	0.	1,415.	8,551.	7,009.	246,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL P. CARROLL EXEC VP OF OPERATIONS	(i)	230,792.	0.	865.	6,945.	6,936.	245,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LISA GALBRAITH CORPORATE CONTROLLER	(i)	153,859.	0.	264.	3,358.	408.	157,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAURA P GILBERT VP FINANCE & ADMIN	(i)	133,499.	0.	220.	4,092.	18,455.	156,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARIE MASON VP OPERATIONS	(i)	145,358.	0.	470.	3,066.	6,709.	155,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 3:**

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES AN INDEPENDENT COMPENSATION REVIEW COMPLETED BY AN INDEPENDENT COMPENSATION CONSULTANT, REVIEW OF SIMILAR ORGANIZATIONS' FORM 990, AND CONSULTING WITH LUTHERAN SERVICES OF AMERICA'S SALARY LISTING OF SIMILAR POSITIONS AROUND THE COUNTRY. THE BOARD ANALYZES AND COMPARES THE INFORMATION TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION. FOR OTHER OFFICERS OF THE ORGANIZATION, SALARY SURVEYS ARE USED AND COMPARED. ALL PROCESSES USED TO DETERMINE COMPENSATION ARE DOCUMENTED.

**PART I, LINE 4B:**

THERE WERE 5 PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN AT THE BEGINNING OF 2020 INCLUDING SAMUEL M SIPES, ROBERT J WYDRA, AMELIA FOX, PHIL HUBBELL AND ROBERT BIALAS.

EXCLUDING SAMUEL M SIPES' PLAN, THE 457(F) PLANS WERE TERMINATED AND PAID OUT IN 2020. THE FOLLOWING DISTRIBUTIONS ARE INCLUDED IN THE GROSS PAY FOR: ROBERT J WYDRA \$200,232, AMELIA FOX \$153,826 AND PHIL HUBBELL \$128,916, AND



**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.

ROBERT BIALAS \$36,575.

WHEN THE 457(F) PLANS WERE TERMINATED, THE ORGANIZATION ENTERED INTO SPLIT  
DOLLAR AGREEMENTS FOR THE PARTICIPANTS.

SAMUEL M SIPES WAS THE ONLY PARTICIPANT IN THE ORGANIZATION'S 457(F) PLAN  
AT THE END OF 2020.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **LUTHERAN SERVICES FLORIDA, INC.** Employer identification number **59-2198911**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ROBERT J. WYDRA	CFO	SPLIT DO		X	70,000.	70,000.		X	X		X	
PHILIP HUBBELL	EXEC VP	SPLIT DO		X	60,000.	60,000.		X	X		X	
AMELIA FOX	CSO	SPLIT DO		X	60,000.	60,000.		X	X		X	
ROBERT BIALAS	EVP CHIL	SPLIT DO		X	50,000.	50,000.		X	X		X	
<b>Total</b> .....						▶ \$	<b>240,000.</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information.**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT J. WYDRA, JR.

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

(A) NAME OF PERSON: PHILIP HUBBELL

(B) RELATIONSHIP WITH ORGANIZATION: EXEC VP HR

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

(A) NAME OF PERSON: AMELIA FOX

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

(A) NAME OF PERSON: ROBERT BIALAS

(B) RELATIONSHIP WITH ORGANIZATION: EVP CHILDREN & HS SERV

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

SCHEDULE L, PART II

THE FOUR OFFICERS LISTED IN PART II WERE PREVIOUSLY PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN. THE PLANS WERE TERMINATED AND PAID OUT IN 2020. EFFECTIVE 03/01/2021, THESE INDIVIDUALS EACH ENTERED INTO A SPLIT DOLLAR AGREEMENT WITH THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **LUTHERAN SERVICES FLORIDA, INC.** Employer identification number **59-2198911**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,176,462.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LUTHERAN SERVICES FLORIDA HELPS COMMUNITIES BUILD HEALTHIER, HAPPIER,  
AND HOPE-FILLED TOMORROWS BY IMPACTING THE LIVES OF 1 IN 50 FLORIDIANS  
THROUGH VARIOUS SERVICES OFFERED ACROSS THE STATE.

HEADER B - AMENDED RETURN

THE RETURN IS BEING AMENDED TO CORRECT SCHEDULE J, PART II, TO REPORT  
THE 457(F) DISTRIBUTIONS FOR ROBERT WYDRA, JR., AMELIA FOX, AND PHILIP  
HUBBELL, UPON PLAN TERMINATION. THE DISTRIBUTION AMOUNTS HAVE BEEN  
MOVED FROM COLUMN (B)(I) TO COLUMN (B)(III).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFE-LONG HEALTHY EATING HABITS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TO BEST ADDRESS THE ISSUES CAUSING FAMILY DISCORD AND UPHEAVAL. TEEN  
COURT HELPS YOUTH WHO ARE FIRST-TIME OFFENDERS STAY OUT OF THE JUVENILE  
JUSTICE SYSTEM. CHILD WELFARE CASE MANAGEMENT DELIVERS PROTECTIVE  
SERVICES FOR CHILDREN WHO ARE ABUSED OR NEGLECTED. DIVERSION SERVICES  
PROVIDE WRAPAROUND ESSENTIAL SERVICES TO AT-RISK FAMILIES. AS A SAFE  
PLACE ORGANIZATION, LSF PARTNERS WITH LOCAL BUSINESSES AND SCHOOLS TO  
HELP YOUTH IN TROUBLE FIND AND ACCESS SAFE REFUGE. BECAUSE LSF SEEKS TO  
SERVE PEOPLE WHO FACE PARTICULAR VULNERABILITIES, LSF OFTEN FOCUSES ON  
FAMILIES WITH YOUNG CHILDREN AND PEOPLE WHO ARE IN THE FOSTER CARE

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

SYSTEM. IN ADDITION TO PROVIDING DIRECT SERVICES, LSF CONDUCTS EXTENSIVE COMMUNITY OUTREACH TO HELP EDUCATE YOUTH AND FAMILIES ON PREVENTATIVE STRATEGIES AND CRISIS RESOLUTION, REACHING HUNDREDS OF YOUTH AND ADULTS THROUGH THESE EFFORTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WELCOME AND ASSISTANCE FOR NEWCOMERS IS ESSENTIAL TO THE VIBRANCY OF COMMUNITIES ACROSS THE U.S. AND IS KEY TO EXTENDING LSF'S MISSION OF HOPE AND HELP TO ALL FLORIDIANS, LONG-TIMERS AND NEWCOMERS ALIKE. EACH YEAR THOUSANDS OF REFUGEES ARRIVE TO FLORIDA HAVING FACED HARROWING ESCAPES, MANY OF ALMOST MYTHIC SCOPE. LSF, THROUGH ITS REFUGEE PROGRAM, HELPS THESE NEW NEIGHBORS FIND A HOME, LEARN ENGLISH, SECURE EMPLOYMENT, ENROLL IN SCHOOL AND ADJUST TO A NEW LIFE IN A NEW LAND. LSF ASSISTS MANY MORE NEWCOMERS WITH INTEGRATION AND IMMIGRATION LEGAL SERVICES. LAST YEAR ALONE, LSF HELPED WELCOME AND SERVE OVER 5,650 REFUGEES AND IMMIGRANTS FROM ACROSS THE GLOBE. EXPENSES \$ 9,174,927. INCLUDING GRANTS OF \$ 451,144. REVENUE \$ 347,471.

OFTEN, ADULTS IN NEED ARE THE LAST TO BE SERVED, IF THEY HAVE ACCESS TO SERVICES AT ALL; THIS IS ESPECIALLY TRUE FOR SINGLE ADULTS WITH NO FAMILIES. THIS IS WHY LSF CONTINUES IN ITS ESSENTIAL WORK WITH HELPING ADULTS IN NEED OF CARE AND ASSISTANCE THROUGHOUT THE STATE OF FLORIDA. THROUGH ITS VARIED ADULT PROGRAMS, LSF AIMS TO NOT ONLY ADDRESS CURRENT AND URGENT NEEDS, BUT WORKS TO HELP ADULTS MAINTAIN OR REGAIN AUTONOMY TO WHATEVER DEGREE POSSIBLE AND TO ENSURE THAT THEIR LIVES ARE FULL OF DIGNITY AND HOPE, KNOWING THAT LSF IS THERE TO ACCOMPANY THEM REGARDLESS OF THE PATHS THEIR LIVES HAVE TAKEN. MORE THAN 320 ADULT FLORIDIANS RECEIVED HELP FROM LSF THIS PAST YEAR IN PROGRAMS DESIGNED

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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TO ASSIST PEOPLE WITH DISABILITIES, PEOPLE WITH MENTAL IMPAIRMENTS, AND PEOPLE WHO ARE WORKING THROUGH SUBSTANCE ABUSE ISSUES. ELDERLY PERSONS AND PEOPLE WITH MENTAL OR PHYSICAL INCAPACITIES WHO CANNOT MANAGE THEIR OWN AFFAIRS ARE HELPED BY LSF'S ADULT ADVOCACY PROGRAM. THE LSF ADULT ADVOCACY PROGRAM FOCUSES ON PEOPLE WHO ARE INDIGENT AND WORKS TO CREATE AND FACILITATE LIVES LIVED TO THEIR FULLEST WITH ADEQUATE HEALTHCARE, ALONG WITH SAFE AND COMFORTABLE HOUSING.

EXPENSES \$ 1,990,056. INCLUDING GRANTS OF \$ 498,209. REVENUE \$ 700,829.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 257,292.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS INITIALLY REVIEWED INTERNALLY BY THE PRESIDENT/CEO AND CFO OF THE ORGANIZATION. SUBSEQUENT TO THIS REVIEW, THE 990 IS FORWARDED TO THE BOARD OF DIRECTORS FOR COMMENTS AND QUESTIONS PRIOR TO FILING. THE CFO SIGNS THE RETURN AFTER CONSIDERING ALL OF THE BOARD OF DIRECTORS COMMENTS AND QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PURPOSE OF THE LSF CONFLICT OF INTEREST POLICY IS TO PROTECT THE ORGANIZATION'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE ORGANIZATION. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS.

TO ENSURE COMPLIANCE WITH THIS CONFLICT OF INTEREST POLICY AS IT APPLIES TO THE BOARD, LUTHERAN SERVICES FLORIDA PROHIBITS MEMBERS OF THE GOVERNING



Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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BOARD FROM ALSO BEING ORGANIZATION PERSONNEL. THE ORGANIZATION ENSURES THAT THE GOVERNING BOARD MEMBERS WHO ARE RELATIVES OF PERSONNEL RECUSE THEMSELVES ON MATTERS WHERE OBJECTIVITY WOULD BE COMPROMISED. TO FURTHER AVOID ANY APPEARANCE OF CONFLICT OF INTEREST, NO GOVERNING BOARD MEMBER, EMPLOYEE, AGENT OR PRINCIPAL SHALL PARTICIPATE IN THE SELECTION, AWARD, OR ADMINISTRATION OF A PURCHASE OR CONTRACT WITH A VENDOR WHERE, TO HIS/HER KNOWLEDGE, ANY INDIVIDUAL, FAMILY MEMBER, PARTNER, OR POTENTIAL EMPLOYER HAS FINANCIAL INTEREST IN THE PURCHASE OR CONTRACT.

IN ADDITION EACH MEMBER OF THE BOARD SIGNS A STATEMENT INDICATING THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND UNDERSTAND SAID POLICY.

LSF ALSO HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO PERSONNEL WHICH IS FOUND IN THE PERSONNEL POLICY MANUAL. THIS POLICY STATES THAT NO LSF EMPLOYEE MAY ENGAGE IN ANY ACTIVITY THAT MIGHT BENEFIT HIM/HER PERSONALLY AT THE EXPENSE OF, OR THAT MIGHT BE HARMFUL TO THE ORGANIZATION. IF THERE IS ANY QUESTION REGARDING THIS ISSUE, THE MATTER SHOULD BE SUBMITTED IN WRITING TO THE CHIEF EXECUTIVE OFFICER. EMPLOYEES MAY ENGAGE IN ACTIVITIES, INCLUDING ADDITIONAL EMPLOYMENT, OUTSIDE OF WORKING-TIME AND AWAY FROM LSF PREMISES, OF THEIR OWN CHOOSING, PROVIDED THAT SUCH DO NOT CONFLICT OR INTERFERE WITH LSF'S OBJECTIVES OR PURPOSES AND THE EMPLOYEE'S PERFORMANCE OR THE ABILITY TO MEET LSF REQUIREMENTS. LSF RESOURCES OR WORKING TIME SHOULD NOT BE USED IN FURTHERANCE OF OUTSIDE EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES AN INDEPENDENT COMPENSATION REVIEW COMPLETED BY AN

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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INDEPENDENT COMPENSATION CONSULTANT, REVIEW OF SIMILAR ORGANIZATIONS' FORM 990, AND CONSULTING WITH LUTHERAN SERVICES OF AMERICA'S SALARY LISTING OF SIMILAR POSITIONS AROUND THE COUNTRY. THE BOARD ANALYZES AND COMPARES THE INFORMATION TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION. FOR OTHER OFFICERS OF THE ORGANIZATION, SALARY SURVEYS ARE USED AND COMPARED. ALL PROCESSES USED TO DETERMINE COMPENSATION ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UNDER REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET FORTH BY IRC SECTION 6104(D). REQUESTS CAN BE DIRECTED TO THE CORPORATE CONTROLLER AT (813) 676-9480.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY	
OTHERS	168,157.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

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**2020**

Open to Public Inspection

Name of the organization **LUTHERAN SERVICES FLORIDA, INC.** Employer identification number **59-2198911**

**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
LUTHERAN NON-PROFIT MANAGEMENT SOLUTIONS, LLC (LSF HEALTH) - 27-3246724, 3627 W. WATERS AVE., TAMPA, FL 33614	GOVERN/ADVISE	FLORIDA	0.	0.	LUTHERAN SERVICES FLORIDA, INC.

**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.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARLES A. ZERBST CHARITABLE TRUST - 81-2918786, C/O BANK OF TAMPA, TRUST DEPARTMENT, 601 BAYSHORE BLVD. STE. 960,	PROVIDE SUPPORT TO LUTHERAN SERVICES FLORIDA	FL	LUTHERAN SERVICES FLORIDA	TRUST	13,415.	844,550.	100%	X	

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

CHARLES A. ZERBST CHARITABLE TRUST

EIN: 81-2918786

C/O BANK OF TAMPA, TRUST DEPARTMENT, 601 BAYSHORE BLVD. STE. 960

TAMPA, FL 33606