

Return of Organization Exempt From Income Tax

2017

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

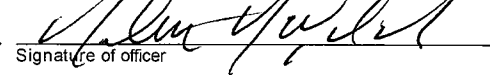
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUTHERAN SERVICES FLORIDA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3627-A WEST WATERS AVE City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33614			D Employer identification number 59-2198911
	E Telephone number (813) 875-1408			
	F Name and address of principal officer: SAMUEL M. SIPES 3627-A WEST WATERS AVE TAMPA, FL 33614			
	G Gross receipts \$ 218,529,239.			
I 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			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>	
J Website: ▶ WWW.LSFNET.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982 M State of legal domicile: FL	

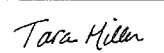
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LUTHERAN SERVICES FLORIDA SERVES TO BRING GOD'S HEALING, HOPE AND HELP TO PEOPLE IN NEED IN THE NAME OF JESUS CHRIST.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1,728.
	6	Total number of volunteers (estimate if necessary)	6	5,751.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	211,255,224.	216,785,220.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,268,347.	1,431,882.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	237,474.	173,070.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	390,852.	133,988.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	214,151,897.	218,524,160.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	112,598,101.	117,227,683.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	58,949,851.	59,627,597.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 146,257.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,013,006.	42,043,940.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	215,560,958.	218,899,220.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-1,409,061.	-375,060.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	35,786,254.	39,973,440.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,034,583.	33,329,446.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 05/01/2019
	ROBERT J. WYDRA, JR. CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name TARA MILLER	Preparer's signature 	Date 05/01/2019	Check <input type="checkbox"/> if self-employed	PTIN P01322693
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801			Phone no. 407-841-6930	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

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 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.
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 \$ 114,888,724. including grants of \$ 110,854,975.) (Revenue \$ 115,320,222.)
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 53 SERVICE PROVIDERS OVER A 23-COUNTY AREA. LSF HEALTH SYSTEMS, THROUGH ITS SERVICE NETWORK PROVIDED MENTAL HEALTH SERVICES TO OVER 38,800 ADULTS AND 5,350 CHILDREN, SUBSTANCE ABUSE SERVICES TO MORE THAN 22,800 ADULTS AND 2,600 CHILDREN, AND PREVENTION SERVICES TO MORE THAN 730,500 INDIVIDUALS. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 16,350,187. including grants of \$ 69,531.) (Revenue \$ 17,499,842.)
YOUTH AND FAMILY SERVICES: WHEN FAMILY UNITS DISINTEGRATE DURING TIMES OF CRISIS AND CONFLICT, LSF CASE- 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 4,600 PEOPLE MOVE FROM CRISIS TO STABILITY THROUGH ITS YOUTH AND FAMILY SERVICES. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 67,693,516. including grants of \$ 3,997,167.) (Revenue \$ 70,308,072.)
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 7,000 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. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 12,572,534. including grants of \$ 1,446,410.) (Revenue \$ 11,815,932.)
4e Total program service expenses 211,504,961.

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> (see instructions)?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 temporarily restricted endowments, permanent endowments, or 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> (see instructions).		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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
20b 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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 in 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 (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) WILLIAM D HAUEISEN BOARD CHAIR	2.00 0.	X		X				0.	0.	0.
(2) LAUREL MARC-CHARLES, ESQ VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(3) WILLIAM HORNE SECRETARY	2.00 0.	X		X				0.	0.	0.
(4) JOHN BAUDER TREASURER	2.00 0.	X		X				0.	0.	0.
(5) LINDA GRAY DIRECTOR	1.00 0.	X						0.	0.	0.
(6) ZINA HAMILTON DIRECTOR	1.00 0.	X						0.	0.	0.
(7) SCOTT MORRIS DIRECTOR	1.00 0.	X						0.	0.	0.
(8) FRED KRAEGEL DIRECTOR	1.00 0.	X						0.	0.	0.
(9) REV. JAMES ROCKEY DIRECTOR	1.00 0.	X						0.	0.	0.
(10) REV. PEDRO M. SUAREZ DIRECTOR	1.00 0.	X						0.	0.	0.
(11) REV. GREGORY S. WALTON DIRECTOR	1.00 0.	X						0.	0.	0.
(12) STACY LOIS MARTIN EXEC VP PROGRAMS	45.00 0.			X				164,800.	0.	309.
(13) ALICE REZENDES DIRECTOR OF EXEC & BD AFFAIRS	40.00 0.			X				68,428.	0.	2,222.
(14) ARTHUR MATTHEW ROSEN VP & GENERAL COUNSEL	45.00 0.			X				152,955.	0.	15,729.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
(15) CHRISTINE A CAUFFIELD CEO & EXEC VP SAMH	45.00 0.			X			195,100.	0.	8,832.	
(16) LOUIS A FINNEY EXEC VP OF CHILDREN & HS SVCS	45.00 0.				X		179,863.	0.	10,404.	
(17) SAMUEL M SIPES CEO	45.00 0.				X		690,699.	0.	11,336.	
(18) ROBERT J WYDRA, JR CFO	45.00 0.				X		182,500.	0.	17,407.	
(19) CHRISTOPHER JAMES CARD PRESIDENT & COO	45.00 0.				X		247,669.	0.	20,558.	
(20) AMELIA FOX CSO	45.00 0.				X		185,000.	0.	14,951.	
1b Sub-total							386,183.	0.	18,260.	
c Total from continuation sheets to Part VII, Section A							1,680,831.	0.	83,488.	
d Total (add lines 1b and 1c)							2,067,014.	0.	101,748.	

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 **21**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 77,612.				
	b Membership dues	1b				
	c Fundraising events	1c 9,255.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 214,914,067.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,784,286.				
	g Noncash contributions included in lines 1a-1f \$	858,600.				
	h Total. Add lines 1a-1f	▶	216,785,220.			
	Program Service Revenue	2a GUARDIANSHIP SERVICES	Business Code 624120	788,919.	788,919.	
b RESETTLEMENT SERVICES		624190	481,134.	481,134.		
c CHARTER SCHOOLS - MANAGEMENT FEE		611710	161,829.	161,829.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶	1,431,882.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).	▶	56,252.		56,252.	
	4 Income from investment of tax-exempt bond proceeds	▶	0.			
	5 Royalties	▶	0.			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶	0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	116,818.			
	d Net gain or (loss)	▶	116,818.		116,818.	
	8a Gross income from fundraising events (not including \$ 9,255. of contributions reported on line 1c). See Part IV, line 18	a ATCH 2				
	b Less: direct expenses	b 5,079.				
c Net income or (loss) from fundraising events	▶	-5,079.				
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	▶	0.				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	▶	0.				
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS REVENUE	624190	139,067.	139,067.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶	139,067.				
12 Total revenue. See instructions	▶	218,524,160.	1,570,949.		173,070.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	110,854,975.	110,854,975.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,372,708.	6,372,708.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,065,849.	541,118.	1,524,731.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	45,986,413.	43,264,795.	2,704,412.	17,206.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	577,699.	492,406.	84,863.	430.
9 Other employee benefits	7,351,542.	6,888,850.	462,054.	638.
10 Payroll taxes	3,646,094.	3,360,066.	284,620.	1,408.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	126,826.	95,946.	30,880.	
c Accounting	135,395.		135,395.	
d Lobbying	24,068.		24,068.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	17,280.		17,280.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 3</u>	23,770,137.	23,328,426.	386,205.	55,506.
12 Advertising and promotion	57,405.	14,650.	30,021.	12,734.
13 Office expenses	6,144,655.	5,873,971.	253,288.	17,396.
14 Information technology	621,455.	474,214.	115,632.	31,609.
15 Royalties	0.			
16 Occupancy	5,663,883.	5,340,044.	320,846.	2,993.
17 Travel	1,895,232.	1,816,226.	78,383.	623.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	732,160.	663,032.	63,708.	5,420.
20 Interest	337,941.	150,918.	187,023.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,115,756.	825,364.	290,293.	99.
23 Insurance	754,350.	689,962.	64,193.	195.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BAD DEBT EXPENSE</u>	218,503.	56,674.	161,829.	
b <u>BELLE GLADE DISCONTINUED OPS</u>	321,464.	321,464.		
c <u>LOSS ON ASSETS OF DISCO OPS</u>	27,794.		27,794.	
d <u>ALL OTHER EXPENSES</u>	79,636.	79,152.	484.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	218,899,220.	211,504,961.	7,248,002.	146,257.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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
Assets	1 Cash - non-interest-bearing	1,094,678.	1	2,513,990.
	2 Savings and temporary cash investments	3,628,180.	2	458,171.
	3 Pledges and grants receivable, net	16,774,861.	3	25,184,591.
	4 Accounts receivable, net	237,992.	4	187,183.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	658,357.	9	765,553.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,897,264.		
	b Less: accumulated depreciation	10b 7,215,213.	7,706,683.	10c 6,682,051.
	11 Investments - publicly traded securities	838,012.	11	893,038.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	4,847,491.	15	3,288,863.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,786,254.	16	39,973,440.	
Liabilities	17 Accounts payable and accrued expenses	18,434,653.	17	22,874,572.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	2,831,515.	19	4,519,887.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	5,768,415.	23	5,934,987.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	27,034,583.	26	33,329,446.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,741,023.	27	1,682,361.
	28 Temporarily restricted net assets	6,234,678.	28	4,185,663.
	29 Permanently restricted net assets	775,970.	29	775,970.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,751,671.	33	6,643,994.	
34 Total liabilities and net assets/fund balances	35,786,254.	34	39,973,440.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	218,524,160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	218,899,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	-375,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,751,671.
5	Net unrealized gains (losses) on investments	5	-57,405.
6	Donated services and use of facilities	6	-1,699,505.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	24,293.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,643,994.

Part XII Financial Statements and Reporting

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

- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	149,240,810.	197,252,466.	203,554,716.	211,255,224.	216,772,357.	978,075,573.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	149,240,810.	197,252,466.	203,554,716.	211,255,224.	216,772,357.	978,075,573.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						978,075,573.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	149,240,810.	197,252,466.	203,554,716.	211,255,224.	216,772,357.	978,075,573.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,559.	37,737.	34,818.	141,588.	56,252.	321,954.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,488.	31,682.	27,278.	394,999.	139,067.	623,514.
11 Total support. Add lines 7 through 10						979,021,041.
12 Gross receipts from related activities, etc. (see instructions)					12	10,465,228.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	99.90 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.91 %
16a 33 1/3 % support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

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, 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 **LUTHERAN SERVICES FLORIDA, INC.**

Employer identification number
59-2198911

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		\$ 120,743,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 53,102,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,775,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 6,086,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,189,117.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 4,924,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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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/>	\$ 4,352,064.	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 LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

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 LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

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 information once. See instructions.) ▶ \$ _____
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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 LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		24,068.
j Total. Add lines 1c through 1i			24,068.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

FORM 990, SCHEDULE C, PART II-B:

LSF PAYS THE MAYERNICK GROUP, 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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

LUTHERAN SERVICES FLORIDA, INC.

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 2 columns: (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 questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and other details.

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 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2017

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-------------|
| c Beginning balance | 25,640,926. |
| d Additions during the year | 2,052,254. |
| e Distributions during the year | |
| f Ending balance | 27,693,180. |
- 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 | 7,888,864. | 9,763,506. | 11,277,593. | 7,442,975. | 1,960,233. |
| b Contributions | 235,126. | 389,792. | 991,954. | 6,242,011. | 6,452,640. |
| c Net investment earnings, gains, and losses | 66,310. | 63,691. | 47,149. | 13,585. | 103,879. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,273,527. | 2,328,125. | 2,553,190. | 2,420,978. | 1,073,777. |
| f Administrative expenses | | | | | |
| g End of year balance | 5,916,773. | 7,888,864. | 9,763,506. | 11,277,593. | 7,442,975. |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 16.1400 %
 - b** Permanent endowment ▶ 13.1100 %
 - c** Temporarily restricted endowment ▶ 70.7500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations Yes No
 - (ii) related organizations Yes No
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		1,735,899.		1,735,899.
b Buildings		3,172,414.	2,030,524.	1,141,890.
c Leasehold improvements		5,396,029.	2,211,272.	3,184,757.
d Equipment		2,061,558.	1,580,663.	480,895.
e Other		1,531,364.	1,392,754.	138,610.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,682,051.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	152,660.
(2) INT. IN ASSETS HELD BY OTHERS	841,143.
(3) ASSETS LIMITED AS TO USE	300,317.
(4) GIFTED FACILITIES	1,716,709.
(5) DUE FROM AFFILIATE	278,034.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,288,863.

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	221,887,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-57,405.
b	Donated services and use of facilities	2b		3,413,998.
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		24,293.
e	Add lines 2a through 2d		2e	3,380,886.
3	Subtract line 2e from line 1		3	218,506,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		17,280.
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	17,280.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	218,524,160.

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

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

1	Total expenses and losses per audited financial statements		1	223,995,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		5,113,503.
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	5,113,503.
3	Subtract line 2e from line 1		3	218,881,940.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		17,280.
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	17,280.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	218,899,220.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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 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 AND LSF CHARTER SCHOOL, WHICH ARE CONSIDERED DISREGARDED ENTITIES

Part XIII Supplemental Information (continued)

FOR FEDERAL AND STATE INCOME TAX PURPOSES. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IDENTIFIES AND EVALUATES UNCERTAIN TAX PROVISIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX PROVISIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHELD WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY. SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY FOR UNRECOGNIZED TAX POSITIONS. IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. THE ORGANIZATION'S TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING.

PART XI, LINE 2D:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST: 24,293

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

Part I General Information on Grants and Assistance

- 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
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILITY HOUSING OF NE FL INC 76 S LAURA ST, STE 303	59-3087085	501(C)(3)	206,258.				DSF SAMH PROVIDER
(2) ALACHUA CTY BD OF COUNTY COMMISSIONERS 4201 SW 21ST PL GAINESVILLE, FL 32607	59-6000501	501(C)(3)	278,451.				DSF SAMH PROVIDER
(3) BAYCARE BEHAVIORAL HEALTH INC PO BOX 428 NEW PORT RICHEY, FL 34656-0428	59-1371752	501(C)(3)	2,912,944.				DSF SAMH PROVIDER
(4) CAMELOT COMMUNITY CARE INC 4910-D CREEKSIDE DR CLEARWATER, FL 33760	31-1659302	501(C)(3)	217,432.				DSF SAMH PROVIDER
(5) CATHEDRAL FOUNDATION OF JACKSONVILLE INC 4250 LAKESIDE DR, STE 300	59-6161532	501(C)(3)	651,553.				DSF SAMH PROVIDER
(6) CDS FAMILY & BEHAVIORAL HEALTH SERVICES INC 1218 NW 6TH ST GAINESVILLE, FL 32601	59-1435252	501(C)(3)	520,615.				DSF SAMH PROVIDER
(7) CHILD GUIDANCE CENTER INC 5776 ST AUGUSTINE ROAD	59-0704727	501(C)(3)	1,192,862.				DSF SAMH PROVIDER
(8) CLAY BEHAVIORAL HEALTH CENTER INC 1726 KINGSLEY AVE, STE 2	59-2219317	501(C)(3)	3,161,091.				DSF SAMH PROVIDER
(9) COMMUNITY COALITION ALLIANCE INC 435 CITRONA DRIVE	26-4026115	501(C)(3)	1,237,544.				DSF SAMH PROVIDER
(10) COMMUNITY REHABILITATION CENTER INC 623 BEECHWOOD ST JACKSONVILLE, FL 32206	59-3198739	501(C)(3)	228,332.				DSF SAMH PROVIDER
(11) DANIEL MEMORIAL INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	59-3067752	501(C)(3)	898,756.				DSF SAMH PROVIDER
(12) DAYSRING VILLAGE INC PO BOX 1080 HILLIARD, FL 32046	59-2920469		622,747.				DSF SAMH PROVIDER

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

Part I General Information on Grants and Assistance

- 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
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DBWPC INC 40 E ADAMS ST, STE 130	46-0938295	501(C)(3)	107,625.				DSF SAMH PROVIDER
(2) ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 33765	59-2551416	501(C)(3)	615,841.				DSF SAMH PROVIDER
(3) EPIC COMMUNITY SERVICE INC 1400 OLD DIXIE HWY, STE A	59-1502582	501(C)(3)	1,901,416.				DSF SAMH PROVIDER
(4) FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	410,208.				DSF SAMH PROVIDER
(5) FL PSYCHOLOGIAL & ASSOCIATED HEALTHCARE INC 2382 SADLER RD, STE 1	47-5258009	501(C)(3)	16,465.				DSF SAMH PROVIDER
(6) FRESH MINISTRIES INC 1131 N LAURA ST JACKSONVILLE, FL 32206	59-2967898	501(C)(3)	813,725.				DSF SAMH PROVIDER
(7) GAINESVILLE OPPORTUNITY CENTER INC 2772 NW 43RD ST, STE B-1	20-8823721	501(C)(3)	125,354.				DSF SAMH PROVIDER
(8) GATEWAY COMMUNITY SERVICES INC 555 STOCKTON ST JACKSONVILLE, FL 32204	59-1881828	501(C)(3)	9,732,644.				DSF SAMH PROVIDER
(9) GULF COAST JEWISH FAMILY & COMMUNITY SERVIC 14041 ICOT BLVD CLEARWATER, FL 33760	59-1229354	501(C)(3)	332,370.				DSF SAMH PROVIDER
(10) HALIFAX HOSPITAL MEDICAL CENTER DBA HALIFAX 303 N CLYDE MORRIS BLVD	59-6001217	501(C)(3)	814,845.				DSF SAMH PROVIDER
(11) HANLEY CENTER FOUNDATION INC 900 54TH ST WEST PALM BEACH, FL 33407	20-2871945	501(C)(3)	355,620.				DSF SAMH PROVIDER
(12) HEALTHY START COALITION OF FLAGLER & VOLUSI 109 EXECUTIVE CIRCLE	59-3163742	501(C)(3)	229,200.				DSF SAMH PROVIDER

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) I.M. SULZBACHER CENTER FOR THE HOMELESS INC 611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	191,372.				DSF SAMH PROVIDER
(2) LIFESTREAM BEHAVIORAL CENTER INC 2020 TALLY ROAD LEESBURG, FL 34749	59-1561501	501(C)(3)	12,902,251.				DSF SAMH PROVIDER
(3) MARLYN BEHAVIORAL HEALTH SYSTEMS INC 11265 ALUMNI WAY JACKSONVILLE, FL 32246	59-3433089	501(C)(3)	341,458.				DSF SAMH PROVIDER
(4) MENTAL HEALTH AMERICA OF EAST CENTRAL FLORI 531 RIDGEWOOD AVE DAYTONA BEACH, FL 32114	59-6044669	501(C)(3)	210,166.				DSF SAMH PROVIDER
(5) MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA, 8280 PRINCETON SQUARE BLVD STE 10	59-0721416	501(C)(3)	110,700.				DSF SAMH PROVIDER
(6) MENTAL HEALTH RESOURCE CENTER, INC 10550 DEERWOOD PARK BLVD, STE 600	59-1905344	501(C)(3)	14,010,109.				DSF SAMH PROVIDER
(7) MERIDIAN BEHAVIORAL HEALTHCARE, INC 4300 SW 13TH ST GAINESVILLE, FL 32608	59-1906214	501(C)(3)	14,062,836.				DSF SAMH PROVIDER
(8) NASSAU ALCOHOL CRIME DRUG ABATEMENT COALITI 516 S.10TH STREET SUITE 211	54-2076506	501(C)(3)	324,801.				DSF SAMH PROVIDER
(9) NORTHWEST BEHAVIORAL HEALTH SERVICES, INC PO BOX 9373A JACKSONVILLE, FL 32208	59-3128476	501(C)(3)	461,747.				DSF SAMH PROVIDER
(10) OPERATION NEW HOPE, INC 1830 N MAIN ST JACKSONVILLE, FL 32206	59-3590360	501(C)(3)	92,743.				DSF SAMH PROVIDER
(11) RIVER REGION HUMAN SERVICES, INC 2055 REYKO RD, STE 101	59-1952727	501(C)(3)	899,953.				DSF SAMH PROVIDER
(12) SCHOOL DISTRICT OF CLAY COUNTY - SEDNET 2306 KINGSLEY AVE ORANGE PARK, FL 32073	59-3474751	501(C)(3)	226,619.				DSF SAMH PROVIDER

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SMA BEHAVIORAL HEALTH SERVICES, INC. 1220 WILLIS AVE, BOX 60	59-0976866	501(C)(3)	23,546,737.				DSF SAMH PROVIDER
(2) ST. AUGUSTINE YOUTH SERVICES, INC 201 SIMONE WAY ST AUGUSTINE, FL 32086	59-2925271	501(C)(3)	594,322.				DSF SAMH PROVIDER
(3) STARTING POINT BEHAVIORAL HEALTHCARE 461342 SR 200 YULEE, FL 32097	59-3029469	501(C)(3)	2,072,919.				DSF SAMH PROVIDER
(4) THE HOUSE NEXT DOOR, INC 804 N WOODLAND BLVD DELAND, FL 32720-3429	59-1675284	501(C)(3)	641,690.				DSF SAMH PROVIDER
(5) THE CENTERS, INC 5664 SW 60TH AVE, BLDG 1 OCALA, FL 34474	51-0177273	501(C)(3)	10,084,293.				DSF SAMH PROVIDER
(6) URBAN JACKSONVILLE, INC. DBA AGING TRUE 4250 LAKESIDE DR SUITE 200	23-7024899	501(C)(3)	189,255.				DSF SAMH PROVIDER
(7) VOLUNTEERS OF AMERICA OF FLORIDA, INC 1205 E 8TH AVE JACKSONVILLE, FL 33605	58-1856992	501(C)(3)	318,524.				DSF SAMH PROVIDER
(8) UNITED WAY OF SUWANNEE VALLEY, INC 871 SW STATE ROAD 47 LAKE CITY, FL 32025	59-1262354	501(C)(3)	188,818.				DSF SAMH PROVIDER
(9) SCA DESERT HILLS 5310 SEQUOIA RD NW ALBUQUERQUE, NM 87120	74-2753620	501(C)(3)	18,200.				DSF SAMH PROVIDER
(10) SCA DEVEREUX ADVANCES BEHAVIORAL HEALTH 1850 S. DELEON AVE TITUSVILLE, FL 32780	23-1390618	501(C)(3)	73,600.				DSF SAMH PROVIDER
(11) FIRST COAST BEHAVIOR SOLUTIONS, LLC 2317 BLANDING BLVD SUITE 102	45-4235675		19,500.				DSF SAMH PROVIDER
(12) MID FLORIDA HOMELESS COALITION, INC 104 E DAMPIER STREET INVERNESS, FL 34450	59-3800140	501(C)(3)	114,794.				DSF SAMH PROVIDER

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) METRO TREATMENT OF FLORIDA LP DBA JACKSONVI 2500 MAITLAND CENTER PARKWAY SUITE 250	58-2341219		660,555.				DSF SAMH PROVIDER
(2) NAMI HERNANDO PO BOX 5613 SPRING HILL, FL 34611	59-2684242	501(C)(3)	25,000.				DSF SAMH PROVIDER
(3) OPERATION PAR, INC 6655 66TH ST N PINELLAS PARK, FL 33781	59-1349234	501(C)(3)	347,457.				DSF SAMH PROVIDER
(4) PARTNERSHIP FOR STRONG FAMILIES 5950 NW 1ST PLACE SUITE A	03-0423150	501(C)(3)	65,113.				DSF SAMH PROVIDER
(5) PARK CENTER 909 EAST STATE BOULEVARD	35-1135451	501(C)(3)	96,750.				DSF SAMH PROVIDER
(6) PINEY RIDGE TREATMENT CENTER 2805 E ZION RD FAYETTEVILLE, AR 72703	20-5192904		12,300.				DSF SAMH PROVIDER
(7) RESOLUTE TREATMENT CENTER DBA RESOLUTE ACQU 920 N SHADELAND AVENUE SUITE G-2	03-0512672		6,160.				DSF SAMH PROVIDER
(8) VAN GOGH'S PALETTE INC. DBA. VINCENT ACADEM 4801 78TH AVE N PINELLAS PARK, FL 34611	59-3720139	501(C)(3)	250,000.				DSF SAMH PROVIDER
(9) CHILDREN'S HOME SOCIETY OF FLORIDA, INC 1485 S SEMORAN BLVD SUITE 1448	59-0192430	501(C)(3)	105,947.				DSF SAMH PROVIDER
(10) TURNING POINT OF TAMPA 6227 SHELDON RD TAMPA, FL 33615	72-1091178		11,945.				DSF SAMH PROVIDER
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 52.

3 Enter total number of other organizations listed in the line 1 table 6.

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

Schedule I (Form 990) (2017)

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 non-cash assistance
1 FOOD, CLOTHING & SHELTER FOR INDIGENTS	19,109.		4,028,679.	FMV	FOOD, CLOTHING & HOU
2 DIRECT CASH ASSISTANCE FOR RENT, UTILITIES, ETC.	27,243.	1,484,429.		FMV	
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, 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 CONTRACTS 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 for instructions and the latest information.

OMB No. 1545-0047

2017

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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 LOUIS A FINNEY EXEC VP OF CHILDREN & HS SVCS	(i)	179,863.	0.	0.	5,396.	5,008.	190,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 STACY LOIS MARTIN EXEC VP PROGRAMS	(i)	164,800.	0.	0.	0.	309.	165,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ARTHUR MATTHEW ROSEN VP & GENERAL COUNSEL	(i)	152,955.	0.	0.	6,883.	8,846.	168,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 SAMUEL M SIPES CEO	(i)	303,642.	0.	387,057.	0.	11,336.	702,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ROBERT J WYDRA, JR CFO	(i)	182,500.	0.	0.	2,738.	14,669.	199,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CHRISTINE A CAUFFIELD CEO & EXEC VP SAMH	(i)	175,100.	0.	20,000.	3,833.	4,999.	203,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CHRISTOPHER JAMES CARD PRESIDENT & COO	(i)	237,669.	0.	10,000.	7,430.	13,128.	268,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 AMELIA FOX CSO	(i)	185,000.	0.	0.	0.	14,951.	199,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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, LINES 4A-B:

EFFECTIVE JULY 1, 2010, THE ORGANIZATION ADOPTED A 457(F) EMPLOYEE BENEFIT PLAN OR SERP, WHICH PROVIDES KEY EXECUTIVES (THE PARTICIPANTS) DEFERRED COMPENSATION BENEFITS. BENEFITS UNDER THE SERP ACCUMULATE FROM ANNUAL CONTRIBUTIONS AND EARNINGS THEREON. THE PARTICIPANTS VEST AT VARIOUS TIME INTERVALS IN THE FUTURE. SAMUEL SNIPES RECEIVED DISTRIBUTIONS DURING CALENDAR YEAR 2017 OF \$386,678, WHICH WAS REPORTED IN HIS W-2 COMPENSATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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		858,600.	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 IV, Donee Acknowledgement **29**

	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.		

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

59-2198911

FORM 990, PART III, LINE 4A:

WITHOUT THE SERVICES DELIVERED THROUGH LSF HEALTH SYSTEMS, CRITICAL
BEHAVIORAL HEALTH NEEDS OF THOUSANDS OF VULNERABLE AND AT-RISK
INDIVIDUALS WOULD GO UNMET.

FORM 990, PART III, LINE 4B:

AS PART OF THIS WORK, LSF RESIDENTIAL YOUTH SHELTERS PROVIDE A TEMPORARY
SAFE HAVEN FOR YOUNG PEOPLE AGES 10-17. COUNSELING SERVICES FOR BOTH
CHILDREN AND FAMILIES ALLOW INDIVIDUALS AND FAMILIES 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.

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, PEOPLE WHO ARE AGING OUT OF THE
FOSTER CARE SYSTEM, AND PEOPLE LIVING WITH HIV OR AIDS.

IN ADDITION TO PROVIDING DIRECT SERVICES, LSF CONDUCTS EXTENSIVE
COMMUNITY OUTREACH TO HELP EDUCATE YOUTH AND FAMILIES ON PREVENTATIVE
STRATEGIES AND CRISIS RESOLUTION, REACHING OVER 8,500 YOUTH AND ADULTS
EACH MONTH THROUGH THESE EFFORTS.

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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FORM 990, PART III, LINE 4C:

WE SERVED OVER 4,000,000 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 LIFE-LONG HEALTHY EATING HABITS. ADDITIONALLY, THROUGH OUR PARENTS AS TEACHERS PROGRAM WE SERVED OVER 55 FAMILIES WITH INFANT CHILDREN TO PROVIDE THE PARENTS WITH CHILD DEVELOPMENT KNOWLEDGE AND PARENTING SUPPORT, PROVIDE EARLY DETECTION OF DEVELOPMENTAL DELAYS AND HEALTH ISSUES, PREVENT CHILD ABUSE AND NEGLECT, AND INCREASE CHILDREN'S SCHOOL READINESS.

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

REFUGEE RESETTLEMENT 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 NEARLY 7,500 REFUGEES AND IMMIGRANTS FROM ACROSS THE GLOBE.

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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EXPENSES \$ 9,744,740. INCL GRANTS OF \$ 1,028,759. REVENUE \$ 9,643,822.

ADULT SERVICES:

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. NEARLY 750 ADULT FLORIDIANS RECEIVED HELP FROM LSF THIS PAST YEAR IN PROGRAMS DESIGNED TO ASSIST PEOPLE WITH DISABILITIES, PEOPLE WITH MENTAL IMPAIRMENTS, AND PEOPLE WHO ARE HIV+ AND LIVING WITH AIDS.

ELDERLY PERSONS AND PEOPLE WITH MENTAL OR PHYSICAL INCAPACITIES WHO CANNOT MANAGE THEIR OWN AFFAIRS ARE HELPED BY LSF'S GUARDIANSHIP PROGRAM. THE LSF GUARDIANSHIP 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. IN THE SAME MANNER, THE LSF RYAN WHITE PROGRAM SEEKS TO HELP PEOPLE LIVING WITH HIV/AIDS TO NOT ONLY ACCESS HEALTH CARE SERVICES, BUT TO FIND SUPPORT AND SOLACE.

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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EXPENSES \$ 2,761,442. INCL GRANTS OF \$ 354,471. REVENUE \$ 2,128,703.

DISASTER RESPONSE:

WHEN NATURAL DISASTER STRIKES, LSF IS THERE TO SUPPORT THOSE IN NEED, BY NOT ONLY PROVIDING NECESSARY IMMEDIATE ASSISTANCE, BUT, IN PARTNERSHIP WITH NATIONAL LUTHERAN ENTITIES, HELPING PEOPLE RESTORE AND REGAIN THEIR LIVES, NO MATTER HOW LONG THAT RESTORATION TAKES. AFTER FLOODS, HURRICANES, AND EVEN TORNADOES, LSF HAS HELPED AND CONTINUES TO HELP PEOPLE RECOVER FROM NATURAL DISASTERS. IN FY2018, LSF WAS IN CONTACT WITH OVER 3,000 PEOPLE HARMED IN THE JACKSONVILLE AND SURROUNDING AREA AS A RESULT OF HURRICANE IRMA; WE PROVIDED GROUP COUNSELING TO 425 INDIVIDUALS AND HAD OVER 230 INDIVIDUAL AND FAMILY ENCOUNTERS; PROVIDED OVER 700 BRIEF EDUCATIONAL AND SUPPORTIVE CONTACTS; AND DISTRIBUTED NEARLY 2,000 PIECES OF COLLATERAL THROUGHOUT THE REGION. ADDITIONALLY, WE ASSISTED IN PROVIDING EDUCATIONAL, SUPPORTIVE AND CRISIS COUNSELING AT FEMA DISASTER RECOVERY CENTERS AND THE DCF FOOD FOR FLORIDA SITES, AS WELL AS AT TWO LOCAL DISASTER RECOVERY SITES HOSTED BY SENATOR MARCO RUBIO.

EXPENSES \$ 66,352. INCL GRANTS OF \$ 63,180. REVENUE \$ 43,407.

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

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

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

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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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 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, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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REQUESTS CAN BE DIRECTED TO THE CORPORATE CONTROLLER AT (813) 676-9480.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

24,293

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SCHOOL DISTRICT PALM BEACH COUNTY 2300 FOREST HILL BLVD A-323 WEST PALM BEACH, FL 33406	CHILDCARE SERVICES	4,268,067.
HISPANIC HUMAN RESOURCES 1427 S CONGRESS AVE WEST PALM BEACH, FL 33406	CHILDCARE SERVCIES	2,221,647.
FLORENCE FULLER CHILD 200 NE 14TH ST BOCA RATON, FL 33432	CHILDCARE SERVICES	1,532,119.
CHILDREN'S HOME SOCIETY 482 KELLER RD, 3RD FLOOR ORLANDO, FL 32810	CHILDCARE SERVICES	1,811,075.
DUVAL COUNTY SCHOOL BOARD 1701 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	CHILDCARE SERVICES	2,162,285.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	9,255.
TOTAL	<u>9,255.</u>

ATTACHMENT 3

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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ATTACHMENT 3 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACT SERVICES	22,271,544.	22,247,792.	23,496.	256.
TEMPORARY STAFFING	510,402.	510,402.		
PROFESSIONAL FEES	596,335.	543,672.	52,663.	
CONSULTING FEES	82,128.	24,725.	2,153.	55,250.
PAYROLL SERVICES	284,374.	549.	283,825.	
ADMINISTRATIVE SERVICES	1,286.	1,286.		
LOBBYING	24,068.		24,068.	
TOTALS	<u>23,770,137.</u>	<u>23,328,426.</u>	<u>386,205.</u>	<u>55,506.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LUTHERAN NON-PROFIT MGMT SERVICES, LLC 27-3246724 3627-A W WATERS AVE TAMPA, FL 33614	GOVERN/ADVISE	FL			LSF, INC.
(2) LSF CHARTER SCHOOLS, LLC 46-2224868 3627-A W WATERS AVE TAMPA, FL 33614	CHARTER SCHOO	FL			LSF, INC.
(3) LSF CHARTER SCHOOLS-HILLSBOROUGH CTY LLC 46-2353518 3627-A W WATERS AVE TAMPA, FL 33614	CHARTER SCHOO	FL			LSF, INC.
(4) LSF CHARTER SCHOOLS-PINELLAS COUNTY, LLC 46-2342340 3627-A W WATERS AVE TAMPA, FL 33614	CHARTER SCHOO	FL			LSF, INC.
(5) LSF COMMUNITY BASED CARE, LLC 46-2801389 3627-A W WATERS AVE TAMPA, FL 33614	INACTIVE	FL			LSF, INC.
(6) LSF GUARDIANSHIP SERVICES, LLC 52-2198911 3627-A W WATERS AVE TAMPA, FL 33614	INACTIVE	FL			LSF, 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
(1) SUNCOAST COMMUNITY SERVICES CORPORATION 20-2481676 3627-A W WATERS AVE TAMPA, FL 33614	INACTIVE	FL	501(C)(3)	LINE 7	LSF, INC.	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARLES A ZERBST CHARITABLE TRUST C/O THE NORTHERN TRUST CO, TRUSTEE, 1100 FT LAUDERDALE, F	CHARITABLE TR	FL	N/A	TRUST					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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 VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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