

PUBLIC DISCLOSURE COPY

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2019

Open to Public Inspection

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

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LUTHERAN SERVICES FLORIDA, INC.</b>		<b>D</b> Employer identification number <b>59-2198911</b>
	Doing business as		<b>E</b> Telephone number <b>813-875-1408</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>3627 W. WATERS AVE.</b>		<b>G</b> Gross receipts \$ <b>250,372,646.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33614</b>		
<b>F</b> Name and address of principal officer: <b>SAMUEL M. SIPES</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.LSFNET.ORG**

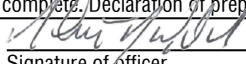
**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **FL**


## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BRING GOD'S HEALING, HOPE AND HELP TO PEOPLE IN NEED IN THE NAME OF JESUS CHRIST.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>1655</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4970</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>240,890,310.</b>	<b>247,849,468.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,178,176.</b>	<b>1,104,511.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>49,804.</b>	<b>-905,546.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>525,869.</b>	<b>494,380.</b>
		<b>242,644,159.</b>	<b>248,542,813.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>136,308,384.</b>	<b>148,307,104.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>61,262,719.</b>	<b>60,805,208.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>323,898.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>45,149,883.</b>	<b>40,010,999.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>242,720,986.</b>	<b>249,123,311.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-76,827.</b>	<b>-580,498.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>51,706,909.</b>	<b>49,551,723.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>39,858,027.</b>	<b>38,685,801.</b>
	<b>11,848,882.</b>	<b>10,865,922.</b>	

## Part II Signature Block

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

<b>Sign Here</b>		<b>5/3/2021</b>
	Signature of officer	Date
	<b>ROBERT J. WYDRA, JR., CFO</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JULIANA KREUL</b>	Preparer's signature 	Date <b>05/03/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01204534</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Phone no. <b>321-751-6200</b>		
	Firm's address ▶ <b>7351 OFFICE PARK PLACE</b> <b>MELBOURNE, FL 32940-8229</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LUTHERAN SERVICES FLORIDA 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 147,491,124. including grants of \$ 143,327,438. ) (Revenue \$ ) MANAGING ENTITY - FLORIDA HAS PRIVATIZED THE BEHAVIORAL HEALTH SAFETY NET, CREATING MANAGING ENTITIES TO ENSURE INDIVIDUALS WHO ARE UNINSURED, UNDERINSURED OR INDIGENT HAVE ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. THROUGH ITS SAMH MANAGING ENTITY, LSF DEVELOPS, MANAGES AND OVERSEES A NETWORK OF 57 SERVICE PROVIDERS OVER A 23-COUNTY AREA. LSF HEALTH SYSTEMS, THROUGH ITS SERVICE NETWORK, PROVIDED MENTAL HEALTH SERVICES TO OVER 36,700 INDIVIDUALS, SUBSTANCE ABUSE SERVICES TO MORE THAN 22,000 INDIVIDUALS, AND PREVENTION SERVICES TO MORE THAN 1,222,000 INDIVIDUALS. WITHOUT THE SERVICES DELIVERED THROUGH LSF HEALTH SYSTEMS, WHICH WERE IN GREATER DEMAND AS THE NATION GRAPPLED WITH A GLOBAL HEALTH PANDEMIC, CRITICAL BEHAVIORAL HEALTH NEEDS OF THOUSANDS OF VULNERABLE AND AT-RISK

4b (Code: ) (Expenses \$ 63,498,528. including grants of \$ 4,031,815. ) (Revenue \$ 17,377. ) 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 7,100 AT-RISK CHILDREN AND HELPED THEIR FAMILIES THROUGH LSF'S EARLY HEAD START AND HEAD START CLASSES ALL ACROSS THE STATE OF FLORIDA. FACING THE CHALLENGES OF THE COVID-19 PANDEMIC, WE TRANSITIONED TO VIRTUAL SCHOOLING AND IMPLEMENTED CRITICAL ADJUSTMENTS TO PRIORITIZE THE SAFETY OF CHILDREN AND STAFF. UNDERSTANDING THAT FOOD SECURITY IS ESSENTIAL FOR FAMILY STABILITY AND FOR LEARNING, LSF MAKES SURE THAT EVERY CHILD IN ITS HEAD START AND AFTER SCHOOL PROGRAMS RECEIVE HEALTHY, WELL-BALANCED MEALS EVERY DAY; WE SERVED OVER 3,670,342 MEALS AND SNACKS THROUGHOUT THE YEAR. THE FOOD

4c (Code: ) (Expenses \$ 20,703,992. including grants of \$ 73,590. ) (Revenue \$ ) YOUTH AND FAMILY SERVICES: WHEN FAMILY UNITS DISINTEGRATE DURING TIMES OF CRISIS AND CONFLICT, LSF CASE MANAGERS AND SOCIAL WORKERS ARE THERE TO NOT ONLY PROTECT CHILDREN, BUT TO HELP PRESERVE FAMILIES WHEN IT'S IN THE BEST INTEREST OF CHILDREN, AND TO REUNIFY FAMILIES ONCE THEY HAVE STABILIZED. LSF'S FOCUS ON FAMILY PRESERVATION AND REUNIFICATION - WHENEVER POSSIBLE AND WHEN IT'S IN THE BEST OF INTEREST OF THE CHILD - TRANSLATES INTO AN ARRAY OF SERVICES TO HELP FAMILIES COPE AND RECOVER FROM TIMES OF CRISIS. IN THIS PAST YEAR, LSF HELPED OVER 4,300 PEOPLE MOVE FROM CRISIS TO STABILITY THROUGH ITS YOUTH AND FAMILY SERVICES AND IMPLEMENTED VIRTUAL/TELEVISIT SOLUTIONS TO MEET CHALLENGES PRESENTED BY THE COVID-19 PANDEMIC. AS PART OF THIS WORK, LSF RESIDENTIAL YOUTH SHELTERS AND GROUP HOMES PROVIDE A TEMPORARY SAFE HAVEN FOR YOUNG

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,252,272. including grants of \$ 874,261. ) (Revenue \$ 1,581,591. )

4e Total program service expenses 240,945,916.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROBERT J. WYDRA, JR. - 813-875-1408
3627 W. WATERS AVE., TAMPA, FL 33614

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM HORNE CHAIR	2.00	X		X			0.	0.	0.	
(2) FRED KRAEGEL VICE CHAIR	2.00	X		X			0.	0.	0.	
(3) LAUREL MARC-CHARLES, ESQ SECRETARY	2.00	X		X			0.	0.	0.	
(4) ALONZO BATSON, JR. TREASURER	2.00	X		X			0.	0.	0.	
(5) LORENZO COBIELLA DIRECTOR	1.00	X					0.	0.	0.	
(6) SUSAN SCROGGINS DIRECTOR	2.00	X					0.	0.	0.	
(7) ZINA HAMILTON DIRECTOR	1.00	X					0.	0.	0.	
(8) RUDY KOHLER DIRECTOR	1.00	X					0.	0.	0.	
(9) REV. JAMES ROCKEY DIRECTOR	1.00	X					0.	0.	0.	
(10) CHRISTOPHER DANFORD DIRECTOR	1.00	X					0.	0.	0.	
(11) SAMUEL M. SIPES PRESIDENT AND CEO	45.00			X			349,058.	0.	15,173.	
(12) ROBERT J. WYDRA, JR. CFO	45.00			X			184,498.	0.	24,037.	
(13) CHRISTINE A. CAUFFIELD CEO & EXEC VP SAMH	45.00				X		227,472.	0.	12,772.	
(14) MICHAEL P. CARROLL EXEC VP OF OPERATIONS	45.00				X		222,579.	0.	13,316.	
(15) AMELIA FOX CSO	45.00				X		184,423.	0.	23,492.	
(16) PHILIP HUBBELL EXEC VP HR	45.00				X		183,198.	0.	23,993.	
(17) ROBERT BIALAS EVP CHILDREN & HS SERV	45.00				X		164,669.	0.	5,365.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA GALBRAITH CORPORATE CONTROLLER	45.00					X	149,339.	0.	3,783.	
(19) MARIE MASON VP OPERATIONS	45.00					X	142,742.	0.	9,241.	
(20) ANNE K. MADSEN CFO SUBSTANCE ABUSE & MENTAL HEALTH	45.00					X	123,663.	0.	10,094.	
(21) KAREN JOSEPH (HUTCHINS) VP OF HR AND ORG DEV	45.00					X	114,818.	0.	11,939.	
(22) DUSTY B. PYE CIO	45.00					X	116,478.	0.	9,794.	
(23) ARTHUR MATTHEW ROSEN VP & GENERAL COUNSEL (THRU 11/19)	45.00					X	146,485.	0.	15,260.	
(24) SHELLEY KATZ COO LSF HEALTH SYSTEMS (THRU 05/20)	45.00					X	141,584.	0.	10,670.	
<b>1b Subtotal</b>							2,451,006.	0.	188,929.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,451,006.	0.	188,929.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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
SCHOOL DISTRICT OF PALM BEACH, 2300 FORST HILL BLVD A-323, WEST PALM BEACH, FL 33406	CHILD SERVICES	4,413,184.
DUVAL COUNTY SCHOOL BOARD, 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207	CHILD SERVICES	2,132,906.
HISPANIC HUMAN RESOURCES, 1427 S. GONGRESS AVE, WEST PALM BEACH, FL 33406	CHILD SERVICES	2,132,286.
R'CLUB CHILD CARE, INC 4140 49TH ST NORTH, ST PETERSBURG, FL 33709	CHILD SERVICES	1,523,795.
FLORENCE FULLER CHILD DEVELOPMENT CENTER 200NE 14TH STREET, BOCA RATON, FL 33432	CHILD SERVICES	1,499,588.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 44

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	141,203.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	4,703.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	244,881,967.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	2,821,595.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 1,643,192.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		247,849,468.			
	Program Service Revenue	<b>2 a</b>	GUARDIANSHIP SERVICES	624200	742,412.	742,412.	
<b>2 b</b>		RESETTLEMENT SERVICES	624200	344,722.	344,722.		
<b>2 c</b>		MANAGEMENT FEE	611710	17,377.	17,377.		
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		1,104,511.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		60,218.		60,218.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	14,779.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses		0.			
	<b>6 c</b>	Rental income or (loss)		14,779.			
	<b>6 d</b>	Net rental income or (loss)		14,779.	14,779.		
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	829,592.			
			(ii) Other	34,400.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		809,272.	1,020,484.		
<b>7 c</b>	Gain or (loss)		20,320.	-986,084.			
<b>7 d</b>	Net gain or (loss)		-965,764.		-965,764.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 4,703. of contributions reported on line 1c). See Part IV, line 18		0.				
<b>8 b</b>	Less: direct expenses		77.				
<b>8 c</b>	Net income or (loss) from fundraising events		-77.		-77.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	900099	479,678.	479,678.		
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		479,678.			
<b>12</b>	<b>Total revenue.</b> See instructions		248,542,813.	1,598,968.	0.	-905,623.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	143,327,438.	143,327,438.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	4,979,666.	4,979,666.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,267,817.	765,432.	1,502,385.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	46,953,324.	43,998,104.	2,768,829.	186,391.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	877,728.	830,309.	42,160.	5,259.
<b>9</b> Other employee benefits .....	6,986,261.	6,578,978.	376,665.	30,618.
<b>10</b> Payroll taxes .....	3,720,078.	3,395,945.	310,653.	13,480.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	202,983.	186,558.	16,425.	
<b>c</b> Accounting .....	356,184.		356,184.	
<b>d</b> Lobbying .....	28,000.		28,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	19,113.		19,113.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	23,223,155.	23,053,935.	149,382.	19,838.
<b>12</b> Advertising and promotion .....	27,162.	21,080.	6,082.	
<b>13</b> Office expenses .....	2,574,450.	1,966,188.	588,193.	20,069.
<b>14</b> Information technology .....	746,870.	495,355.	225,001.	26,514.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	5,212,973.	4,429,153.	774,350.	9,470.
<b>17</b> Travel .....	1,689,738.	1,613,712.	69,605.	6,421.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	510,747.	435,752.	70,199.	4,796.
<b>20</b> Interest .....	282,174.	111,875.	170,299.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	765,575.	544,685.	220,890.	
<b>23</b> Insurance .....	728,578.	646,085.	81,470.	1,023.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD PURCHASES	1,802,959.	1,802,959.		
<b>b</b> IN-KIND SUPPLIES & FOOD	1,643,192.	1,643,192.		
<b>c</b> STAFF RECRUITMENT	44,415.	19,839.	24,576.	
<b>d</b> OTHER PROGRAM ACTIVITIE	7,526.	7,526.		
<b>e</b> All other expenses	145,205.	92,150.	53,036.	19.
<b>25</b> Total functional expenses. Add lines 1 through 24e	249,123,311.	240,945,916.	7,853,497.	323,898.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,848,616.	<b>1</b>	2,779,697.
	<b>2</b> Savings and temporary cash investments .....	12,326,104.	<b>2</b>	10,863,828.
	<b>3</b> Pledges and grants receivable, net .....	20,648,444.	<b>3</b>	20,673,268.
	<b>4</b> Accounts receivable, net .....	306,870.	<b>4</b>	593,691.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	934,550.	<b>9</b>	1,049,757.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,442,490.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,786,257.	6,082,882.	<b>10c</b> 4,656,233.
	<b>11</b> Investments - publicly traded securities .....	955,432.	<b>11</b>	1,000,392.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,604,011.	<b>15</b>	7,934,857.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	51,706,909.	<b>16</b>	49,551,723.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	26,017,802.	<b>17</b>	30,594,706.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	8,848,087.	<b>19</b>	3,639,964.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,765,842.	<b>23</b>	2,590,959.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,226,296.	<b>25</b>	1,860,172.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	39,858,027.	<b>26</b>	38,685,801.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,873,808.	<b>27</b>	2,084,811.
	<b>28</b> Net assets with donor restrictions .....	9,975,074.	<b>28</b>	8,781,111.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,848,882.	<b>32</b>	10,865,922.
<b>33</b> Total liabilities and net assets/fund balances .....	51,706,909.	<b>33</b>	49,551,723.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	248,542,813.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	249,123,311.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-580,498.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,848,882.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,421.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-392,156.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-21,727.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	10,865,922.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**Public Charity Status and Public Support**

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

<b>Name of the organization</b> LUTHERAN SERVICES FLORIDA, INC.	<b>Employer identification number</b> 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		
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	203,554,716.	211,255,224.	216,785,220.	240,890,310.	247,849,468.	1120334938.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	203,554,716.	211,255,224.	216,785,220.	240,890,310.	247,849,468.	1120334938.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1120334938.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	203,554,716.	211,255,224.	216,785,220.	240,890,310.	247,849,468.	1120334938.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	34,818.	141,588.	56,252.	65,357.	74,997.	373,012.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	99,793.	403,806.	139,067.	531,539.	479,678.	1,653,883.
<b>11 Total support.</b> Add lines 7 through 10						1122361833.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,653,964.

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.82 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.86 %

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

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

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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



**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

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

MISCELLANEOUS REVENUE

2015 AMOUNT: \$ 27,278.

2016 AMOUNT: \$ 394,999.

2017 AMOUNT: \$ 139,067.

2018 AMOUNT: \$ 531,539.

2019 AMOUNT: \$ 479,678.

SPECIAL FUNDRAISING EVENTS REVENUE

2015 AMOUNT: \$ 72,515.

2016 AMOUNT: \$ 8,807.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2019

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	<hr/> <hr/> <hr/>	\$ 152,407,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 49,586,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 7,702,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 6,047,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,245,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 5,515,135.	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
---	--

**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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



Name of organization  LUTHERAN SERVICES FLORIDA, INC.	Employer identification number  59-2198911
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">LUTHERAN SERVICES FLORIDA, INC.</p>	Employer identification number <p style="text-align: center;">59-2198911</p>
--	---

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		28,000.
<b>j</b> Total. Add lines 1c through 1i .....			28,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LSF PAYS 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount      |
|--|-------------|
| <b>c</b> Beginning balance             | 19,120,425. |
| <b>d</b> Additions during the year     | 934,136.    |
| <b>e</b> Distributions during the year |             |
| <b>f</b> Ending balance                | 20,054,561. |
- 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
<b>1a</b> Beginning of year balance	11,004,710.	5,916,773.	7,888,864.	9,763,506.	11,277,593.
<b>b</b> Contributions	2,021,105.	6,798,115.	235,126.	389,792.	991,954.
<b>c</b> Net investment earnings, gains, and losses	24,299.	67,715.	66,310.	63,691.	47,149.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	3,207,779.	1,777,893.	2,273,527.	2,328,125.	2,553,190.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	9,842,335.	11,004,710.	5,916,773.	7,888,864.	9,763,506.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  10.78 %
  - b** Permanent endowment  7.88 %
  - c** Term endowment  81.33 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations   | X   |    |
| <b>(ii)</b> Related organizations  |     | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,610,899.		1,610,899.
<b>b</b> Buildings		3,355,848.	2,284,253.	1,071,595.
<b>c</b> Leasehold improvements		4,181,554.	2,578,193.	1,603,361.
<b>d</b> Equipment		2,519,600.	2,264,077.	255,523.
<b>e</b> Other		774,589.	659,734.	114,855.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,656,233.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	180,318.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	828,291.
(3) ASSETS LIMITED AS TO USE	185,994.
(4) GIFTED FACILITIES	6,508,098.
(5) DUE FROM AFFILIATE	232,156.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,934,857.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	1,860,172.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,860,172.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	253,089,582.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	11,421.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,570,991.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-21,727.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,560,685.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	249,528,897.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-986,084.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-986,084.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	248,542,813.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	254,072,542.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,963,147.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	986,084.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,949,231.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	249,123,311.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	249,123,311.

**Part XIII Supplemental Information.**

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

PART IV, LINE 1B:

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



**Part XIII** Supplemental Information (continued)

## PART V, LINE 4:

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

## PART X, LINE 2:

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

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR  
UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY  
SUCH UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX  
LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING  
RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE  
INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2017.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST -21,727.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED GAIN ON SALE OF FIXED ASSETS NETTED WITH EXPENSES

ON FS -986,084.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REALIZED GAIN ON SALE OF FIXED ASSETS NETTED WITH EXPENSES

ON FS 986,084.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY HOUSING OF NORTHEAST FLORIDA, INC - 76 S LAURA ST, STE 303 - JACKSONVILLE, FL 32202	59-3087085	501(C)(3)	104,588.	0.			DCF SAMH PROVIDER
ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS - 4201 SW 21ST PL - GAINESVILLE, FL 32607	59-6000501	501(C)(3)	424,168.	0.			DCF SAMH PROVIDER
BAYCARE BEHAVIORAL HEALTH, INC PO BOX 428 NEW PORT RICHEY, FL 34656-0428	59-1371752	501(C)(3)	3,663,633.	0.			DCF SAMH PROVIDER
CAMELOT COMMUNITY CARE, INC 4910-D CREEKSIDE DR CLEARWATER, FL 33760	31-1659302	501(C)(3)	211,318.	0.			DCF SAMH PROVIDER
CATHEDRAL FOUNDATION OF JACKSONVILLE, INC DBA AGING TRUE - 4250 LAKESIDE DR, STE 300 - JACKSONVILLE, FL 32210	59-6161532	501(C)(3)	462,598.	0.			DCF SAMH PROVIDER
CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC - 1218 NW 6TH STREET - GAINESVILLE, FL 32601	59-1435252	501(C)(3)	677,997.	0.			DCF SAMH PROVIDER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **57.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD GUIDANCE CENTER, INC 5776 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207	59-0704727	501(C)(3)	2,046,357.	0.			DCF SAMH PROVIDER
CHILDREN'S HOME SOCIETY OF FLORIDA, INC - 1485 S SEMORAN BLVD SUITE 1448 - WITNER PARK, FL 32792	59-0192430	501(C)(3)	532,487.	0.			DCF SAMH PROVIDER
CLAY BEHAVIORAL HEALTH CENTER, INC 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073	59-2219317	501(C)(3)	4,946,032.	0.			DCF SAMH PROVIDER
COMMUNITY COALITION ALLIANCE, INC 435 CITRONA DRIVE FERNANDINA BEACH, FL 32034	26-4026115	501(C)(3)	1,303,080.	0.			DCF SAMH PROVIDER
COMMUNITY REHABILITATION CENTER, INC - 623 BEECHWOOD ST - JACKSONVILLE, FL 32206	59-3198739	501(C)(3)	214,763.	0.			DCF SAMH PROVIDER
THE CHRYSALIS CENTER, INC 1507 SUNSET DRIVE CORAL GABLES, FL 33143	20-1966531		317,359.	0.			DCF SAMH PROVIDER
DANIEL MEMORIAL, INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	59-3067752	501(C)(3)	942,206.	0.			DCF SAMH PROVIDER
DAYSRING VILLAGE, INC PO BOX 1080 HILLIARD, FL 32046	59-2920469		821,921.	0.			DCF SAMH PROVIDER
DELORES BARR WEAVER POLICY CENTER, INC - 40 E ADAMS ST, STE 130 - JACKSONVILLE, FL 32202	46-0938295	501(C)(3)	74,406.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECKERD YOUTH ALTERNATIVES, INC 100 STARCREST DR CLEARWATER, FL 33765	59-2551416	501(C)(3)	699,075.	0.			DCF SAMH PROVIDER
EPIC COMMUNITY SERVICE, INC 1400 OLD DIXIE HWY, STE A ST AUGUSTINE, FL 32084	59-1502582	501(C)(3)	2,820,293.	0.			DCF SAMH PROVIDER
FLAGLER HOSPITAL, INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	393,447.	0.			DCF SAMH PROVIDER
FRESH MINISTRIES, INC 1131 N LAURA ST JACKSONVILLE, FL 32206	59-2967898	501(C)(3)	1,048,406.	0.			DCF SAMH PROVIDER
GAINESVILLE OPPORTUNITY CENTER, INC - 2772 NW 43RD ST, STE B-1 - GAINESVILLE, FL 32606	20-8823721	501(C)(3)	329,171.	0.			DCF SAMH PROVIDER
GATEWAY COMMUNITY SERVICES, INC 555 STOCKTON ST JACKSONVILLE, FL 32204	59-1881828	501(C)(3)	11,948,986.	0.			DCF SAMH PROVIDER
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC - 14041 ICOT BLVD - CLEARWATER, FL 33760	59-1229354	501(C)(3)	469,718.	0.			DCF SAMH PROVIDER
HALIFAX HOSPITAL MEDICAL CENTER DBA HALIFAX HEALTH - 303 N CLYDE MORRIS BLVD - DAYTONA BEACH, FL 32114	59-6001217	501(C)(3)	1,496,163.	0.			DCF SAMH PROVIDER
HANLEY CENTER FOUNDATION, INC 900 54TH ST WEST PALM BEACH, FL 33407	20-2871945	501(C)(3)	1,084,720.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY START COALITION OF FLAGLER & VOLUSIA COUNTIES, INC - 109 EXECUTIVE CIRCLE - DAYTONA BEACH, FL 32114	59-3163742	501(C)(3)	96,785.	0.			DCF SAMH PROVIDER
I.M. SULZBACHER CENTER FOR THE HOMELESS, INC - 611 E ADAMS ST - JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	239,866.	0.			DCF SAMH PROVIDER
LIFESTREAM BEHAVIORAL CENTER, INC 2020 TALLY ROAD LEESBURG, FL 34749	59-1561501	501(C)(3)	20,192,743.	0.			DCF SAMH PROVIDER
MARLYN BEHAVIORAL HEALTH SYSTEMS, INC DBA QUALITY RESOURCE CENTER - 11265 ALUMNI WAY - JACKSONVILLE, FL 32246	59-3433089	501(C)(3)	326,645.	0.			DCF SAMH PROVIDER
MENTAL HEALTH AMERICA OF EAST CENTRAL FLORIDA, INC - 531 RIDGEWOOD AVENUE - DAYTONA BEACH, FL 32114	59-6044669	501(C)(3)	185,328.	0.			DCF SAMH PROVIDER
MENTAL HEALTH RESOURCE CENTER, INC 10550 DEERWOOD PARK BLVD, STE 600 JACKSONVILLE, FL 32256	59-1905344	501(C)(3)	16,006,631.	0.			DCF SAMH PROVIDER
MERIDIAN BEHAVIORAL HEALTHCARE, INC - 4300 SW 13TH ST - GAINESVILLE, FL 32608	59-1906214	501(C)(3)	20,136,424.	0.			DCF SAMH PROVIDER
METRO TREATMENT OF FLORIDA, LP DBA JACKSONVILLE METRO TREATMENT CENTER - 2500 MAITLAND CENTER PARKWAY SUITE 250 - MAITLAND, FL	58-2341219		2,595,691.	0.			DCF SAMH PROVIDER
MID FLORIDA HOMELESS COALITION, INC - 104 E DAMPIER STREET - INVERNESS, FL 34450	59-3800140	501(C)(3)	176,256.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI HERNANDO PO BOX 5613 SPRING HILL, FL 34611	59-2684242	501(C)(3)	61,953.	0.			DCF SAMH PROVIDER
NORTHWEST BEHAVIORAL HEALTH SERVICES, INC - PO BOX 9373A - JACKSONVILLE, FL 32208	59-3128476	501(C)(3)	747,393.	0.			DCF SAMH PROVIDER
OPERATION PAR, INC 6655 66TH ST N PINELLAS PARK, FL 33781	59-1349234	501(C)(3)	878,875.	0.			DCF SAMH PROVIDER
RIVER REGION HUMAN SERVICES, INC 2055 REYKO RD, STE 101 JACKSONVILLE, FL 32207	59-1952727	501(C)(3)	16,829.	0.			DCF SAMH PROVIDER
SCA DEVEREUX ADVANCES BEHAVIORAL HEALTH - 1850 S. DELEON AVE - TITUSVILLE, FL 32780	23-1390618	501(C)(3)	34,794.	0.			DCF SAMH PROVIDER
SCHOOL DISTRICT OF CLAY COUNTY - SEDNET - 2306 KINGSLEY AVE - ORANGE PARK, FL 32073	59-3474751	501(C)(3)	312,219.	0.			DCF SAMH PROVIDER
SMA BEHAVIORAL HEALTH SERVICES, INC. - 1220 WILLIS AVE, BOX 60 - DAYTONA BEACH, FL 32114-2810	59-0976866	501(C)(3)	26,793,443.	0.			DCF SAMH PROVIDER
ST. AUGUSTINE YOUTH SERVICES, INC 201 SIMONE WAY ST AUGUSTINE, FL 32086	59-2925271	501(C)(3)	1,999,106.	0.			DCF SAMH PROVIDER
STARTING POINT BEHAVIORAL HEALTHCARE - 461342 SR 200 - YULEE, FL 32097	59-3029469	501(C)(3)	2,909,424.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTERS, INC 5664 SW 60TH AVE, BLDG 1 OCALA, FL 34474	51-0177273	501(C)(3)	8,622,166.	0.			DCF SAMH PROVIDER
THE HOUSE NEXT DOOR, INC 804 N WOODLAND BLVD DELAND, FL 32720-3429	59-1675284	501(C)(3)	631,253.	0.			DCF SAMH PROVIDER
UNITED WAY OF SUWANNEE VALLEY, INC 871 SW STATE ROAD 47 LAKE CITY, FL 32025	59-1262354	501(C)(3)	128,408.	0.			DCF SAMH PROVIDER
URBAN JACKSONVILLE, INC. DBA AGING TRUE - 4250 LAKESIDE DR SUITE 200 - JACKSONVILLE, FL 32210	23-7024899	501(C)(3)	189,966.	0.			DCF SAMH PROVIDER
VAN GOGH'S PALETTE INC. DBA. VINCENT ACADEMY ADVENTURE COAST - 4801 78TH AVE N - PINELLAS PARK, FL 34611	59-3720139	501(C)(3)	372,906.	0.			DCF SAMH PROVIDER
VOLUNTEERS OF AMERICA OF FLORIDA, INC - 1205 E 8TH AVE - JACKSONVILLE, FL 33605	58-1856992	501(C)(3)	290,120.	0.			DCF SAMH PROVIDER
ALTERNATE GROUP CARE 1001 W OAKLAND PARK BLVD SUNRISE, FL 33351	46-2464364		57,240.	0.			DCF SAMH PROVIDER
HERNANDO COUNTY COMMUNITY ANTI-DRUG COALITION - 13001 SPRING HILL DRIVE - SPRING HILL, FL 34609	20-0450051	501(C)(3)	188,920.	0.			DCF SAMH PROVIDER
NAMI GAINESVILLE INC PO BOX 35873 GAINESVILLE, FL 32635	45-3612306	501(C)(3)	7,929.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE PARK MEDICAL CENTER PO BOX 402369 ATLANTA, GA 30384-2369	61-1269295		679,812.	0.			DCF SAMH PROVIDER
PHOENIX PROGRAMS OF FLORIDA DBA PHOENIX HOUSE OF FLORIDA - 501 VONDERBURG DRIVE SUITE 301 - BRANDON, FL 33511	59-3172948	501(C)(3)	356,100.	0.			DCF SAMH PROVIDER
SINFONIA FAMILY SERVICES OF FLORIDA - 548 NW UNIVERSITY BLVD SUITE 102 - PORT ST LUCIE, FL 34986	47-1409713	501(C)(3)	443,331.	0.			DCF SAMH PROVIDER
NEW HOPE EDUCATION AND ADDICTION SERVICES, INC DBA FLORIDA RECOVERY SCHOOLS - PO BOX 550956 - JACKSONVILLE, FL	47-3436523	501(C)(3)	100,000.	0.			DCF SAMH PROVIDER
FLORIDA UNITED METHODIST CHILDREN'S HOME, INC - 51 CHILDREN'S WAY - ENTERPRISE, FL 32725	59-0638479	501(C)(3)	21,168.	0.			DCF SAMH PROVIDER
GAINESVILLE PEER RESPITE, INC 728 EAST UNIVERSITY AVENUE GAINESVILLE, FL 32601	47-4480110	501(C)(3)	84,356.	0.			DCF SAMH PROVIDER
THE CHILDRENS PLACE AT HOMESAFE, INC DBA HOMESAFE - 2640 SIXTH AVE S - LAKE WORTH, FL 33461	59-1935485	501(C)(3)	14,082.	0.			DCF SAMH PROVIDER
INSPIRE TO RISE, INC 5927 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210	83-1762729	501(C)(3)	39,894.	0.			DCF SAMH PROVIDER
NATIONAL ALLIANCE ON MENTAL ILLNESS OF MARIONS COUNTY INC - PO BOX 5753 - OCALA, FL 34478-5753	59-3509499	501(C)(3)	125,000.	0.			DCF SAMH PROVIDER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	87,000.	0.			DCF SAMH PROVIDER
YOUTH CRISIS CENTER, INC 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216	59-2176287	501(C)(3)	144,490.	0.			DCF SAMH PROVIDER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING & SHELTER FOR INDIGENTS	23476	0.	4,056,735.	FMV	FOOD, CLOTHING, HOUSING
DIRECT CASH ASSISTANCE FOR RENT, UTILITIES, ETC	26315	849,692.	0.		

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

PART I, LINE 2:

IT IS THE POLICY OF LSF TO MAINTAIN ACCURATE BOOKS AND TO PUBLISH AND

DISTRIBUTE A COMPLETE SET OF CURRENT MONTH AND YEAR TO DATE FINANCIAL

STATEMENTS TO CONTRACT MANAGERS REFLECTING THE ACCURACY AND TIMELY

PUBLICATION OF THEIR GRANTS AND CONTRACT FUNDING. ALL INDIVIDUALS

RECEIVING CASH AND/OR NONCASH ASSISTANCE ARE ELIGIBLE TO RECEIVE SUCH

ASSISTANCE IN ACCORDANCE WITH LSF'S CONTRACTS WITH THE FUNDING SOURCES.

LSF'S CONTRACT COMPLIANCE IS ROUTINELY MONITORED BY THE VARIOUS FUNDERS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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 ..... **1b**

**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? ..... **2**

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

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

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

**a** Receive a severance payment or change-of-control payment? ..... **4a** X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b** X

**c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c** X

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? ..... **5a** X

**b** Any related organization? ..... **5b** X

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? ..... **6a** X

**b** Any related organization? ..... **6b** X

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 ..... **7** X

**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 ..... **8** X

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

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

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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) SAMUEL M. SIPES PRESIDENT AND CEO	(i)	347,154.	0.	1,904.	0.	15,173.	364,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT J. WYDRA, JR. CFO	(i)	184,134.	0.	364.	5,660.	18,377.	208,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINE A. CAUFFIELD CEO & EXEC VP SAMH	(i)	226,434.	0.	1,038.	6,228.	6,544.	240,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL P. CARROLL EXEC VP OF OPERATIONS	(i)	221,748.	0.	831.	6,724.	6,592.	235,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMELIA FOX CSO	(i)	184,059.	0.	364.	5,165.	18,327.	207,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP HUBBELL EXEC VP HR	(i)	182,834.	0.	364.	5,660.	18,333.	207,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT BIALAS EVP CHILDREN & HS SERV	(i)	164,413.	0.	256.	4,976.	389.	170,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LISA GALBRAITH CORPORATE CONTROLLER	(i)	149,077.	0.	262.	3,434.	349.	153,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARIE MASON VP OPERATIONS	(i)	142,485.	0.	257.	2,893.	6,348.	151,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ARTHUR MATTHEW ROSEN VP & GENERAL COUNSEL (THRU 11/19)	(i)	144,964.	0.	1,521.	4,099.	11,161.	161,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHELLEY KATZ COO LSF HEALTH SYSTEMS (THRU 05/20)	(i)	140,886.	0.	698.	4,287.	6,383.	152,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

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

PART I, LINE 4B:

THERE WERE 4 PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN DURING CALENDAR  
YEAR 2019 INCLUDING SAMUEL M. SIPES, ROBERT J. WYDRA, AMELIA FOX, AND PHIL  
HUBBELL. NO DISTRIBUTIONS WERE MADE DURING 2019.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,643,192. 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** 0

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

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

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

INDIVIDUALS WOULD GO UNMET.

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

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.

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

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. DIVERSION SERVICES PROVIDE WRAPAROUND ESSENTIAL SERVICES TO

AT-RISK FAMILIES. AS A SAFE PLACE ORGANIZATION, LSF PARTNERS WITH

LOCAL BUSINESSES AND SCHOOLS TO HELP YOUTH IN TROUBLE FIND AND ACCESS

SAFE REFUGE. BECAUSE LSF SEEKS TO SERVE PEOPLE WHO FACE PARTICULAR

VULNERABILITIES, LSF OFTEN FOCUSES ON FAMILIES WITH YOUNG CHILDREN,

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 300 YOUTH AND ADULTS THROUGH THESE EFFORTS. MUCH OF OUR WORK IN

THIS SPACE IS TYPICALLY COMPLETED IN THE SPRING. GIVEN THE PANDEMIC,

WE WERE UNABLE TO LEVERAGE MOST OF THE CHANNELS WE TYPICALLY DO

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

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

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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(SCHOOLS, FOR EXAMPLE) AND WERE NOT ABLE TO MAKE AS MANY CONTACTS AS USUAL.

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

WELCOME AND ASSISTANCE FOR NEWCOMERS IS ESSENTIAL TO THE VIBRANCY OF COMMUNITIES ACROSS THE U.S. AND IS KEY TO EXTENDING LSF'S MISSION OF HOPE AND HELP TO ALL FLORIDIANS, LONG-TIMERS AND NEWCOMERS ALIKE. EACH YEAR THOUSANDS OF REFUGEES ARRIVE TO FLORIDA HAVING FACED HARROWING ESCAPES, MANY OF ALMOST MYTHIC SCOPE. LSF, THROUGH ITS REFUGEE PROGRAM, HELPS THESE NEW NEIGHBORS FIND A HOME, LEARN ENGLISH, SECURE EMPLOYMENT, ENROLL IN SCHOOL AND ADJUST TO A NEW LIFE IN A NEW LAND. LSF ASSISTS MANY MORE NEWCOMERS WITH INTEGRATION AND IMMIGRATION LEGAL SERVICES. LAST YEAR ALONE, LSF HELPED WELCOME AND SERVE OVER 5,200 REFUGEES AND IMMIGRANTS FROM ACROSS THE GLOBE, MANY OF WHOM WERE DISPROPORTIONATELY IMPACTED BY THE DEVASTATING ECONOMIC IMPACT OF THE COVID-19 PANDEMIC. EXPENSES \$ 6,642,559. INCLUDING GRANTS OF \$ 560,591. REVENUE \$ 344,722.

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 450 ADULT FLORIDIANS RECEIVED HELP FROM LSF THIS PAST YEAR IN PROGRAMS DESIGNED

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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TO ASSIST PEOPLE WITH DISABILITIES, PEOPLE WITH MENTAL IMPAIRMENTS, AND PEOPLE WHO ARE HIV+ AND LIVING WITH AIDS. VIRTUAL/TELEVISIT SOLUTIONS WERE IMPLEMENTED TO MEET CHALLENGES PRESENTED BY THE COVID-19 PANDEMIC. 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.

EXPENSES \$ 2,609,713. INCLUDING GRANTS OF \$ 313,670. REVENUE \$ 742,412.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 494,457.

FORM 990, PART VI, SECTION A, LINE 4:  
SIGNIFICANT CHANGES TO THE BYLAWS ARE SUMMARIZED BELOW.

ARTICLE III BOARD OF DIRECTORS

SECTION 2. NUMBER, TENURE, AND COMPOSITION

- THE MAXIMUM NUMBER OF DIRECTORS WAS DECREASED FROM 25 TO 13.
- EX-OFFICIO MEMBERS NO LONGER HAVE VOTING RIGHTS.
- CHANGED QUORUM RESTRICTION TO BOARD ACTION ON THE TOPIC RELATED TO THE CONFLICT RATHER THAN THE ENTIRE MEETING.

SECTION 10. PARTICIPATION OF DIRECTORS BY MEANS OF ELECTRONIC COMMUNICATIONS

- REMOVED ABILITY FOR DIRECTORS TO SEND PROXY TO MEETINGS

ARTICLE IV

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

SECTION 1. NUMBER

- REMOVED ASSISTANT SECRETARY ROLE

ARTICLE VI

ROLE OF CEO AND CFO

- THE CFO IS NO LONGER ELECTED BY THE BOARD.

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

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

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

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

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

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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AVOID ANY APPEARANCE OF CONFLICT OF INTEREST, NO GOVERNING BOARD MEMBER,  
 EMPLOYEE, AGENT OR PRINCIPAL SHALL PARTICIPATE IN THE SELECTION, AWARD, OR  
 ADMINISTRATION OF A PURCHASE OR CONTRACT WITH A VENDOR WHERE, TO HIS/HER  
 KNOWLEDGE, ANY INDIVIDUAL, FAMILY MEMBER, PARTNER, OR POTENTIAL EMPLOYER  
 HAS FINANCIAL INTEREST IN THE PURCHASE OR CONTRACT.

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

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

FORM 990, PART VI, SECTION B, LINE 15:  
 THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE  
 PROCESS INCLUDES AN INDEPENDENT COMPENSATION REVIEW COMPLETED BY AN  
 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

Name of the organization LUTHERAN SERVICES FLORIDA, INC.	Employer identification number 59-2198911
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INFORMATION TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION. FOR OTHER

OFFICERS OF THE ORGANIZATION, SALARY SURVEYS ARE USED AND COMPARED. ALL

PROCESSES USED TO DETERMINE COMPENSATION ARE DOCUMENTED.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC UNDER REQUEST. FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET

FORTH BY IRC SECTION 6104(D). REQUESTS CAN BE DIRECTED TO THE CORPORATE

CONTROLLER AT (813) 676-9480.

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

CHANGES IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY

OTHERS -21,727.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED

FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LUTHERAN NON-PROFIT MANAGEMENT SOLUTIONS, LLC (LSF HEALTH) - 27-3246724, 3627 W. WATERS AVE., TAMPA, FL 33614	GOVERN/ADVISE	FLORIDA	0.	0.	LUTHERAN SERVICES FLORIDA, INC.

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

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

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARLES A. ZERBST CHARITABLE TRUST - 81-2918786, C/O BANK OF TAMPA, TRUST DEPARTMENT, 601 BAYSHORE BLVD. STE. 960,	PROVIDE SUPPORT TO LUTHERAN SERVICES FLORIDA	FL	LUTHERAN SERVICES FLORIDA	TRUST	-13,373.	688,275.	100%	X	



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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>	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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

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

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

CHARLES A. ZERBST CHARITABLE TRUST

EIN: 81-2918786

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

TAMPA, FL 33606

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  LUTHERAN SERVICES FLORIDA, INC.	Taxpayer identification number (TIN)  59-2198911
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3627 W. WATERS AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33614	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ROBERT J. WYDRA, JR.

- The books are in the care of ▶ 3627 W. WATERS AVE. - TAMPA, FL 33614  
Telephone No. ▶ 813-875-1408 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.