	000
Form	330

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Τ

dar year, or tax year beginning and ending

AI	or th	e 2022 calendar year, or tax year beginning and	ending		
Β	Check if	C Name of organization	D Employer identified	cation number	
â	pplicab	LUTHERAN FAMILY AND CHILDREN S			
	Addre	B SERVICES FOUNDATION			
	Name	pe Doing business as		31-15762	36
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			314-787-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,954,533.
	Amer returr	ST. LOUIS, MO 63132		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: CHARLES M. DOGGAR		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1997	State of legal domicile: MO
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities:	ORT AN	D FUND THE P	PROGRAMS OF
uč –		THE LUTHERAN FAMILY AND CHILDREN'S SERVIC	ES OF	MISSOURI	
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
80 80	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
,iti	6	Total number of volunteers (estimate if necessary)		6	8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		410,693.	1,298,094.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,365,901.	168,494.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,776,594.	1,466,588.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e dy	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,450.	42,482.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,450.	42,482.
	19	Revenue less expenses. Subtract line 18 from line 12		4,742,144.	1,424,106.
OL OL			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		18,237,719.	17,192,943.
tAs	21	Total liabilities (Part X, line 26)		2,900.	0.
ENe.		Net assets or fund balances. Subtract line 21 from line 20		18,234,819.	17,192,943.
Pa	art II	Signature Block			

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

Sign	Signature of officer			Date				
-	JEFF COOK, VP FINANCE							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	DENISE PISCIOTTA	DENISE PISCIOTTA	10/31	/23 self-employed P00560435				
Preparer	Firm's name UHY ADVISORS MO,	INC.		Firm's EIN 43-1305800				
Use Only	Firm's address 15 SUNNEN DRIVE,	SUITE 100						
	ST. LOUIS, MO 631	43-3819		Phone no. 314 - 615 - 1200				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

	LUTHERAN FAMILY AND CHILDREN'S
Form	<u>1990 (2022)</u> SERVICES FOUNDATION 31-1576236 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT AND FUND THE PROGRAMS OF LUTHERAN FAMILY AND CHILDREN'S
	SERVICES OF MISSOURI
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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	
	SUPPORT AND FUND THE PROGRAMS OF THE LUTHERAN FAMILY AND CHILDREN'S
	SERVICES OF MISSOURI
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	
-10	

	LUTHERAN	FAMILY	AND	CHILDREN	' S
Form 990 (FION		
Part IV					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	3		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		<u> </u>
19		10		x
20-	complete Schedule G, Part III	<u>19</u>		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022)

Form	1 990 (2022) SERVICES FOUNDATION 31-	<u>-1576236</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's currer	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	<u>25b</u>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contri			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.	<i> </i> 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	1
	Part V, line 1		X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Da	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Pa	Obeeluit Celealuie O containe a management au mate to any line in this Dark)/			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

SERVICES FOUNDATION

m 990 (2022)
art IV	Chacklist

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	990 (2022) SERVICES FOUNDATION 31-1576	236	P	_{age} 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Establish a surpley of even layers use stand on Forms M/O. Transmitted of Managers of Tay, Otatamanta		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h	, , , ,	2b		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>20</u> 3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 55		
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u>_</u>		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

LUTHERAN FAMILY AND CHILDREN'S SERVICES FOUNDATION

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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
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	ny other				
	officer, director, trustee, or key employee?			. [2		Х
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?			[3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		[5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point or	ne or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhold	lers, or				
	persons other than the governing body?			[7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?		-	. [8a	Х	
b	Each committee with authority to act on behalf of the governing body?			[8b	Х	
9	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				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	· [11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," des	scribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inde	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's	6				
<u> </u>	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T	(section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest policy,	and	financ	ial	
	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 boo	ks and	records				
	<u>JEFF COOK - (314)787-5100</u> 9666 OLIVE BLVD, OLIVETTE, MO 63132						
	\mathcal{I}						

Form 990 (2022)

LUTHERAN FAMILY AND CHILD	KEN	5

Form 990 (2022) SERVICES FOUNDATION 31-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JON EICKMANN	1.00	_			×	1				
CHAIRMAN		х		x				0.	0.	0.
(2) LARRY HILL	1.00									
VICE CHAIR		х		х				0.	0.	0.
(3) DANA DOUGAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) TOM NEELY	1.00									
TREASURER		Х		X				0.	0.	0.
(5) JOHN BRICKLER	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) MATT BRICKLER	1.00								0	
BOARD MEMBER	1 0 0	X						0.	0.	0.
(7) TOM HOHENSTEIN	1.00	37							0	
BOARD MEMBER (8) JIM HAERTLING	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
BOARD MEMBER		~						0.	0.	0.
						-				
						-				

		-	UTHERAN				СН	IL	DR	EN	1'S	24.4				•
Form Par	<u>990 (</u>	· · · · · · · · · · · · · · · · · · ·	SERVICES									31-1	576	236	Pa	age 8
Fai			Directors, Trust		oloy I	ees,			ghes	t C	ompensated Employee	````			(=)	
		(A)		(B) Average			رد Posi	C) ition	,		(D)	(E)		_	(F)	
		Name and title		j u	hours per (do not check more than one box, unless person is both an						Reportable	Reportable			timate	
				week							compensation from	compensatio from related			iount d other	DT
				(list any	tor						the	organization			oliner oensat	tion
				hours for	direct						organization	(W-2/1099-MI			om the	
				related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizati	
				organizations	trust	al tru		yee	om pe		1099-NEC)	,		and	l relate	ed
				below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler				orga	nizatio	ons
				line)	Indiv	Insti	Officer	Key (High emp	Former						
]											
					1											
					1											
					1											
					1											
					1											
					1											
					1											
1b	Subt	otal									0.		0.			0.
		I from continuation sh									0.		0.			0.
		l (add lines 1b and 1c)		,						•	0.		0.			0.
2) wh	o re	eceived more than \$100,	000 of reportable				
-		pensation from the orga			000	noco	u uo		,	010	, the second and the second		-			0
	00111														Yes	No
3	Did t	he organization list any	former officer.	director, trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on				
						-		-		-	·····	•		3		х
4		, ,									ner compensation from the			-		
•		•				-					for such individual	-		4		х
5											ed organization or individ					
U														5		Х
Sec		. Independent Contra			50 1	<u>JI 30</u>		5613	<u>on</u> .							
1	Com	plete this table for your	five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100.000 of com	oensat	ion fro	m	
•											the organization's tax y					
			(A)	<u>ne culonau j</u>			. <u>g</u>				(B)			(C)	
		Nam	e and business	address	NC	ONE	2				Description of s	ervices	С	omper		ı
	T -7 ·	an and a set of the state of the			-+ /'			LI								
2		number of independer			στ lin	niteo	ו סז ג	thos (ed	above) who received mo	ore than				

LUTHERAN FAMILY AND CHILDREN'S Form 990 (2022) SERVICES FOUNDATION

Ιa				response	or note to any lin	e in this Part VIII			
			Check if Schedule O contains a	response	Si note to any ini	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	1f 1g \$	Business Code	1,298,094.			sections 512 - 514
			Total. Add lines 2a-2f						
	3 4 5	Ļ	Investment income (including divide other similar amounts) Income from investment of tax-exen Royalties	npt bond p	roceeds	324,914.			324,914.
		ia b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	i) Real	(ii) Personal				
	7			ecurities 331,525.	(ii) Other				
Revenue		с	Gain or (loss) 7c -	487,945. 156,420.					
Other R	8		Net gain or (loss) Gross income from fundraising events (r including \$ contributions reported on line 1c). S	not _ of ee		-156,420.			-156,420.
	9	с	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraisin Gross income from gaming activities	8b g events					
		b	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming ac	9a 9b					
	10) a	Gross sales of inventory, less return and allowances Less: cost of goods sold	s 10a					
		с	Net income or (loss) from sales of in	ventory	Business Code				
sno	11	a							
Miscellaneous Revenue		b							
Scell		с							
Ä			All other revenue						
	12		Total revenue. See instructions			1,466,588.	0.	0.	168,494.

LUTHERAN FAMILY AND CHILDREN'S Form 990 (2022) SERVICES FOUNDATION Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		his Part IX		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	28,098.		28,098.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	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 0.)	0 5 0 0		0 5 0 0	
a	FOREIGN TAXES	9,590. 4,794.		9,590.	
b	MISCELLANEOUS FEES	4,/94.		4,794.	
c	-				
d					
-	All other expenses	10 100	^	10 100	^
25	Total functional expenses. Add lines 1 through 24e	42,482.	0.	42,482.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

LUTHERAN	FAMILY	AND	CHILDREN'	S
SERVICES	FOUNDAT	LION		

Pa	1	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,548,703.	1	236,706.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ste	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b	15 454 041	10c	16 724 711
	11	Investments - publicly traded securities	15,454,041.	11	16,734,711.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	234,975.	14	221,526.
	15 16	Other assets. See Part IV, line 11	18,237,719.	15 16	17,192,943.
	17	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses	10,237,119.	17	17,192,949.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,900.	25	0.
	26	Total liabilities. Add lines 17 through 25	2,900.	26	0.
w		Organizations that follow FASB ASC 958, check here			
ЭС Сё		and complete lines 27, 28, 32, and 33.	C 040 770		F 000 0F0
alar	27	Net assets without donor restrictions	6,848,779.	27	5,820,352.
р	28	Net assets with donor restrictions	11,386,040.	28	11,372,591.
ň		Organizations that do not follow FASB ASC 958, check here			
ъ П	00	and complete lines 29 through 33.		00	
sts	29 20	Capital stock or trust principal, or current funds		29	
SS	30 31	Paid-in or capital surplus, or land, building, or equipment fund		<u>30</u> 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, or other funds	18,234,819.	31 32	17,192,943.
Ź	32 33	Total liabilities and net assets/fund balances	18,237,719.	32 33	17,192,943.
	55	וטנמו וומטווונופט מווע דופג מטטבנט/זעוזע שמומווניפט	-0,201,110.	55	<u> </u>

Form **990** (2022)

e Sheet

Form 990 (2022)
Part X Balance Sheet

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LUTHERAN	FAMILY	AND	CHILDREN	'S
GEDVICEG	FOINDAT	TON		

	LUTHERAN FAMILY AND CHILDREN S					
	1990 (2022) SERVICES FOUNDATION	31-	15762	36	Page	∍ 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	466		
2	Total expenses (must equal Part IX, column (A), line 25)	2		42	,48	2.
3	Revenue less expenses. Subtract line 2 from line 1	3		424		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		234		
5	Net unrealized gains (losses) on investments	5	-2,	452	<u>,53</u>	3.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-13	,44	9.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17,	192	,94	3.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				[
				Y	'es 🛛	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		····· –			
	consolidated basis, or both:	,				
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
-	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		⊢			
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHE	DULE A		Public Cha	rity Status an	d Puk	olic Su	innort		OMB No. 1545-0047
(Form 9	90)			ization is a section 501					2022
Doportmont	of the Treesury			47(a)(1) nonexempt cha					Open to Public
	of the Treasury enue Service			ttach to Form 990 or Fo Form990 for instructior			ormation.		Inspection
Name of	the organization			Y AND CHILDRI				Employer	identification number
			ICES FOUND						1-1576236
Part I				(All organizations must c			ee instruction	S.	
The orga				For lines 1 through 12, cl					
1				n of churches described		n 170(b)(1	l)(A)(i).		
2				Attach Schedule E (Form					
3	·	•		anization described in se			•		Alexandra Barra and
4		-	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
5	city, and state		or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ad in
5			Complete Part II.)	lege of university owned	or operation	eu by a ge			
6	-			nental unit described in	section 17	70(h)(1)(A)	(v)		
7 X			-	ntial part of its support fr				ne general r	oublic described in
	e e		omplete Part II.)		on a gore			ie general p	
8	-			(1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
	or university o	r a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	An organizatio	n that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
			mplete Part III.)		_				
				vely to test for public sat					
12	-	-	-	vely for the benefit of, to				•	
			-	d in section 509(a)(1) o					Sneck the box on
a	_	-	• •	f supporting organizatior upervised, or controlled				-	aivina
u _			-	gularly appoint or elect a	• • • •	-			
		0	complete Part IV, Se		majority o				pporting
b 🗌	~		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s). bv hav	rina
			-	anization vested in the sa			-		-
	organizatior	(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
	its supporte	d organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III nor	-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
			• •	ation generally must sat				an attentiv	veness
_				nplete Part IV, Sections					
e		•		written determination from			Туре I, Туре	II, Type III	
		U		nally integrated supporting	ng organiz	ation.			
	ter the number o		•						
<u>g</u> Pro	(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	support (see ir	-	support (see instructions)
				above (see instructions))					
T									
Total									

LUTHERAN FAMILY AND CHILDREN'S SERVICES FOUNDATION

31-1576236 Page 2

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.)

	ion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")	1269587.	2404129.	1228577.	410,693.	298,094.	5611080.
	Tax revenues levied for the organ-				-	-	
i	zation's benefit and either paid to						
c	or expended on its behalf						
	The value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge						
	Fotal. Add lines 1 through 3	1269587.	2404129.	1228577.	410,693.	298,094.	5611080.
	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)						1346682.
	Public support. Subtract line 5 from line 4.						4264398.
	tion B. Total Support						4204390.
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(d) 2021	(a) 2022	
	Amounts from line 4	(a)2018 1269587.	(b) 2019 2404129.	(c) 2020 1228577.	(d) 2021 410,693.	(e) 2022 298,094.	(f) Total 5611080.
		1205507.		1220377.	410,055.	250,0540	5011000.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	218,231.	238,152.	238,858.	271,849.	324,914.	1292004.
	and income from similar sources	210,231.	230,132.	230,030.	2/1,049.	524,914.	1292004.
	Net income from unrelated business						
	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						6002004
	Total support. Add lines 7 through 10						6903084.
	Gross receipts from related activities,	-				12	
	First 5 years. If the Form 990 is for th	-		· · · · ·			
	organization, check this box and stop						
	ion C. Computation of Publi		-				<u>(1 70</u>
	Public support percentage for 2022 (li			olumn (f))		14	61.78 %
	Public support percentage from 2021					15	69.57 %
	33 1/3% support test - 2022. If the c	-		n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
	33 1/3% support test - 2021. If the c				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a 1	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
á	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
r	neets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b '	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
r	nore, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the	
C	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18 F	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part II

 Schedule A (Form 990) 2022
 SERVICES
 FOUNDATION

 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.) ation

Se	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Le organization's fi	rst second third "	fourth or fifth tax	vear as a section 50)1(c)(3) orga	nization
••	check this box and stop here	-			•		
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						,,,
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
.56	more than 33 1/3%, check this box ar						
٢	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i mate roundation. If the organizatio	in all not check a	557 011 1116 14, 15		10 007 010 300 1131		·····

Schedule A (Form 990) 2022 SERVICES FOUNDATION

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

SERVICES FOUNDATION

Schedule A (Form 990) 2022

2

Гđ	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above? 11			
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D. All Type III Supporting Organizations
--

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>

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

Yes No

LUTHERAN FAMILY AND CHILDREN'S SERVICES FOUNDATION

	t V 🔰 Type III Neg Eugetienelly Integrated 500(e)/2) Supportin			31-1576236 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	complete	e Sections A through E.	<u>.</u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 SERVICES FOUN			31-1576236 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continued}	d)
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	i	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2022 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

			I FAMILY AND		
Schedule A	A (Form 990) 2022		5 FOUNDATION		31-1576236 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section I	; 1, 2, 3b, 3c, 4b, 4c D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 11a rt IV, Section E, lines 1	a, 11b, and 11c; Part IV, Sectio	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, any additional information.
SCHEDU	JLE A, LIST O	F UNUSUAL	GRANTS RECE	IVED:	
DESCR	IPTION: SUPPO	RT FOR FAM	ILIES		
DATE:	09/30/22	AMOUNT:	1000000.		

SCHEDULE D		Supplemental Financial Statements					ŀ	OMB No. 1545-0047	
	n 990)	Complete if the organization answered "Yes" on Form 990,					2022		
Depart	ment of the Treasury	Part I		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.					Open to Public
Interna	Revenue Service			0 for instructions an		ation.	1		Inspection
Nam	e of the organization	SERVICES	FOUNDATIO				-	3:	identification number 1-1576236
Pa		ations Maintaining	•		r Similar Funds	or Ac	coun	ts. (Complete if the
	organizatio	n answered "Yes" on Fe	orm 990, Part IV, lin		via a al funcio		h) [-	
	-			(a) Donor adv	/ised tunds	(b) Fund	os and	other accounts
1 2		nd of year							
2		f contributions to (durin f grants from (during ye							
4		t end of year							
5		on inform all donors and			s held in donor advis	sed fund	ls		
	-	n's property, subject to		-					Yes No
6	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								
De	impermissible private benefit? Yes No art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
Pa						Part IV,	line 7.		
1		servation easements he	, ,	· · · ·	<u> </u>	e - 1			and local and a
		n of land for public use (f natural habitat	tor example, recrea	ition or education)	Preservation o			•	
		of open space				acerti	neu ms		liuciure
2		through 2d if the organ	ization held a qualif	fied conservation cont	tribution in the form	of a cor	nservat	ion ea	sement on the last
_	day of the tax year	• •							t the End of the Tax Year
а	Total number of co	onservation easements					2a		
b		ricted by conservation e					2b		
с	Number of conserv	vation easements on a	certified historic stru	ucture included in (a)			2c		
d	Number of conserv	vation easements inclue	ded in (c) acquired a	after July 25,2006, and	d not on a				
		isted in the National Re					2d		
3		vation easements modi	fied, transferred, rel	eased, extinguished,	or terminated by the	e organiz	zation o	during	the tax
4	year	where property subject	to conservation eas	sement is located					
5		tion have a written polic		-	ection, handling of				
•		orcement of the conser							Yes No
6	Staff and voluntee	r hours devoted to mor	nitoring, inspecting,						during the year
7	Amount of expens	es incurred in monitorir	ng, inspecting, hand	lling of violations, and	l enforcing conserva	tion eas	sement	s durir	ng the year
8	Does each conser	wation easement report	ed on line 2(d) abov	e satisfy the requirem	ents of section 170	(h)(4)(B)(ï)		
	and section 170(h)	•					.,		Yes No
9	In Part XIII, describ	be how the organization							
	balance sheet, and	d include, if applicable,	the text of the footr	note to the organizatio	on's financial statem	ents tha	t desci	ribes t	he
De	organization's acc	ounting for conservatio	n easements.			lh a r O			-1
Pa		ations Maintaining			reasures, or O	ther 5	imilar	ASS	ets.
10		the organization answere elected, as permitted u			rovonuo statomont a	and hala	nco ch	oot w	orke
Ia	•	elected, as permitted deasures, or other similar		· ·					0163
		Part XIII the text of the	-				00 01 p		
b		elected, as permitted u					sheet	works	of
		ures, or other similar as							
	provide the followi	ng amounts relating to	these items:						
	(i) Revenue inclu	ded on Form 990, Part	VIII, line 1					۶	
		ed in Form 990, Part X						§	
2		received or held works				al gain, p	orovide		
	-	unts required to be repo		-				•	
		on Form 990, Part VIII,						§	
		Form 990, Part X eduction Act Notice, s						y Scher	lule D (Form 990) 2022

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		N FAMILY AN		1'S				_
		5 FOUNDATIC					76236	
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	s (continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Part	XIII.	
5	During the year, did the organization solicit or		•	•	r assets		-	
De	to be sold to raise funds rather than to be ma						Yes	No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" or	n Form 99	0, Part IV,	line 9, or	
4.								
1a	Is the organization an agent, trustee, custodia		•					
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					L	Yes	└── No
a	in res, explain the arrangement in Part All a	and complete the foll	owing table.				Amount	
~	Paginning balanca				1c		7 anount	
	Beginning balance							
	Additions during the year							
f	Distributions during the year							
	Ending balance Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • •	····· ــــ		
	rt V Endowment Funds. Complete in							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	10,576,878.	10,576,878.	11,060,839.	9,	049,464.	9,9	17,223.
b	Contributions				590,284.		1	71,897.
	Net investment earnings, gains, and losses				1,891,873.		- 6	65,547.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs						-1	06,376.
f	Administrative expenses			483,961.		470,782.		80,485.
g	End of year balance	10,576,878.	10,576,878.	10,576,878.	11,	060,839.	9,0	49,464.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	· · · · · ·		_%					
b	Permanent endowment100	%						
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organization	tion that are held ar	nd administered for t	he		—	
	organization by:						<u>г</u>	es No
	(i) Unrelated organizations						3a(i)	<u> </u>
	(ii) Related organizations							<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment funds.					
Га	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10			
				í	,	tod		
	Description of property	(a) Cost or of basis (investm			Accumula epreciatio		(d) Book	
1a	Land							
	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K. column (B), line 10	0c.)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SERVICES FO	UNDATION	31	–1576236 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		

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

LUTHERAN	FAMILY	AND	CHILDREN	' S
SERVICES	FOIINDA	TON		

	dule D (Form 990) 2022 SERVICES FOUNDATION		31-1576236 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>2.)</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>18.)</u>	
Pa	t 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 V, LINE 4:

THE	FOUNDATION	USES	ITS	ENDOWMENT	то	SUPPORT	THE	OPERATIONS	OF	LUTHERAN
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FAMILY AND CHILDREN'S SERVICES OF MISSOURI

SCHEDULE I, PART 1, QUESTION 2

THE FOUNDATION RECEIVES REGULAR UPDATES FROM THE LUTHERAN FAMILY AND

CHILDREN'S SERVICES OF MISSOURI'S MANAGEMENT ON THE PROGRESS OF THE

ORGANIZATION'S PROGRAMS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ.

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

LUTHERAN FAMILY AND CHILDREN'S

SERVICES FOUNDATION



Employer identification number 31 - 1576236

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

THE BOARD RECEIVED, REVIEWED AND WITH NO OBJECTIONS APPROVED THE FILING OF

FORM 990.

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

LUTHERAN FAMILY AND CHILDREN'S SERVICES REQUIRES CONFLICT OF INTEREST FORMS

BE COMPLETED BY ITS BOARD OF DIRECTORS MEMBERS ON AN ANNUAL BASIS. THE

FORMS ARE REVIEWED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST

POLICY

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

THE PRESIDENT AND KEY MEMBERS OF MANAGEMENT ARE EMPLOYEES OF LUTHERAN

FAMILY AND CHILDREN'S SERVICES OF MISSOURI (THE AGENCY). THE COMPENSATION

OF THE PRESIDENT IS DETERMINED BY THE AGENCY'S BOARD OF DIRECTORS. THE

COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT IN

CONSULTATION WITH THE AGENCY'S BOARD OF DIRECTORS.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

CHANGE IN CHARITABLE REMAINDER TRUSTS

-13,449.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Сотр	Related Organization lete if the organization answered At Go to www.irs.gov/Form990		OMB No. 1545-0047 2022 Open to Public Inspection					
Name of the organization	on LUTHERAN FAMI SERVICES FOUN	LY AND CHILDREN'S					oyer identifi 1 – 1 5 7 6 2		ımber
Part I Identificatio	on of Disregarded Entities. Compl	lete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	me End-of-yea		Direct o	(f) controlling ntity]
	on of Related Tax-Exempt Organiz	zations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, t	pecause it had one	or more rel	lated tax-exe	mpt	
Name	ns during the tax year. (a) e, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct of	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
	ND CHILDRN'S SERVICES OF 2650, 9666 OLIVE BLVD, 32	EXEMPT	MISSOURI	501(C)(3)	LINE 7	N/A		Yes	No X
For Paperwork Reduc	tion Act Notice, see the Instruction	bons for Form 990.					Schedule R	Form 99	0) 2022

Schedule R (Form 990) 2022 SERVICES FOUNDATION

31-1576236 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ^{ng} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
	1											
	1											
	-											
	-											
	1											
	1											
							1	1			1	

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	(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	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		0. 1. 0.01)				Yes	No
									<u> </u>
									<u> </u>
									\square
									\square

Schedule R (Form 990) 2022 SERVICES FOUNDATION

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

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
LUTHERAN FAMILY AND CHILDRN'S SERVICES OF (1) MISSOURI	С	1,000,000.	
(2)			
<u>(</u> 3)			
<u>(</u> 4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2022 SERVICES FOUNDATION

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.

(2)				(2)	(4)	(c)	(h)	<u>, </u>	(i)	(3)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f) ec. Share of	(g) Share of	(h)	l nor-	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	(related, unrelated,	partners s 501(c)(3	total	end-of-year	Dispro tiona allocatio	ite	amount in box 20	managin		
orentity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?				ons?		partner'		
		country	sections 512-514)	Yes N	o "Neonic	233013	Yes	No	(FUTIT 1065)	Yes No		
											+	
					_						+	
											+	
												
											+	

Schedule R (Form 990) 2022

LUTHERAN FAMILY AND CHILDREN'S SERVICES FOUNDATION

Schedule R (Form 990) 2022 SERV
Part VII Supplemental Information

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