

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

LUTHERAN SERVICES FLORIDA, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2022 FORM 990

WE PREPARED THE RETURNS FROM THE INFORMATION FURNISHED BY YOU. PLEASE REVIEW
BEFORE FILING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS OF MATERIAL
FACTS. PLEASE NOTE THAT UPON EXAMINATION OF THE RETURNS BY TAXING AUTHORITIES,
REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU
PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION
WITH SUCH AN EXAMINATION.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF
YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

REGARDS,

JULIANA KREUL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

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

PREPARED BY:

RSM US LLP
7351 OFFICE PARK PLACE
MELBOURNE, FL 32940-8229

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

LUTHERAN SERVICES FLORIDA, INC.

EIN or SSN

59-2198911

Name and title of officer or person subject to tax **ROBERT J WYDRA JR**
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | |
|---|--|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) <u>376,870,837.</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RSM US LLP to enter my PIN 98911
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Robert J. Wydra Jr.

Date May 8, 2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50888953723

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature RSM US LLP

Date 05/06/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form header section containing fields B through M: B Check if applicable, C Name of organization (LUTHERAN SERVICES FLORIDA, INC.), D Employer identification number (59-2198911), E Telephone number (813-875-1408), G Gross receipts (\$377,368,741), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.LSFNET.ORG), K Form of organization, L Year of formation (1982), M State of legal domicile (FL).

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission (SEE SCHEDULE O), 2-7a Governance and revenue metrics, 7b Net unrelated business taxable income, 8-12 Revenue (Total: 376,870,837), 13-19 Expenses (Total: 367,509,440), 20-22 Net Assets or Fund Balances (Total: 20,227,942).

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.

Signature block section containing fields for Sign Here (ROBERT J. WYDRA, JR., CFO), Paid (JULIANA KREUL), and Preparer Use Only (RSM US LLP, 7351 OFFICE PARK PLACE, MELBOURNE, FL 32940-8229).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 217,078,505. including grants of \$ 209,374,126.) (Revenue \$) IN FLORIDA, SUBSTANCE USE DISORDERS PRESENT A SIGNIFICANT MENTAL HEALTH CONCERN. THIS ISSUE OFTEN INTERSECTS WITH OTHER MENTAL HEALTH DISORDERS, COMPLICATING TREATMENT AND WIDENING SOCIOECONOMIC DISPARITIES. EFFECTIVE PREVENTION, INTERVENTION, AND TREATMENT PROGRAMS ARE ESSENTIAL TO TACKLE THIS URGENT PUBLIC HEALTH CHALLENGE AND ENHANCE THE OVERALL WELL-BEING OF FLORIDIANS. FLORIDA HAS ADOPTED A PRIVATIZED APPROACH TO THE BEHAVIORAL HEALTH SAFETY NET, ESTABLISHING MANAGING ENTITIES LIKE LSF HEALTH SYSTEMS. THESE ENTITIES ENSURE THE PROVISION OF QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (SAMH) TO INDIVIDUALS WHO LACK INSURANCE COVERAGE, HAVE INADEQUATE COVERAGE, OR ARE INDIGENT. LSF HEALTH SYSTEMS IS TASKED WITH DEVELOPING, MANAGING, AND OVERSEEING A NETWORK OF 62 SERVICE PROVIDERS ACROSS A 23-COUNTY

4b (Code:) (Expenses \$ 73,133,406. including grants of \$ 5,356,113.) (Revenue \$) THE FIRST FIVE YEARS OF A CHILD'S EDUCATION CAN PROPEL OR HAMPER THE REST OF THEIR EDUCATIONAL JOURNEY. LSF HELPS CHILDREN BREAK THE CYCLE OF POVERTY AND REACH THEIR FULL POTENTIAL THROUGH HIGH-QUALITY EDUCATION AND FAMILY-CENTERED PROGRAMMING. THIS YEAR, LSF'S HEAD START AND EARLY HEAD START PROGRAMS EDUCATED 5,018 AT-RISK LEARNERS IN 342 CLASSROOMS ACROSS 99 LOCATIONS WHILE LEVELING THE EDUCATIONAL PLAYING FIELD FOR STUDENTS ENTERING ELEMENTARY SCHOOL ACROSS FLORIDA. WITH THE UNDERSTANDING THAT FOOD INSECURITY IS A BARRIER TO FOCUSED LEARNING AND FAMILY STABILITY, LSF SERVED OVER 3.5 MILLION HEALTHY MEALS AND SNACKS THROUGHOUT THE YEAR. THIS FOOD PROGRAM NOT ONLY ALLEVIATES A FINANCIAL BURDEN FOR PARENTS, BUT TEACHES CHILDREN LIFE-LONG HEALTHY EATING HABITS WHILE ENSURING THEIR READINESS TO LEARN.

4c (Code:) (Expenses \$ 66,586,303. including grants of \$ 3,250,201.) (Revenue \$) A CORE EMPHASIS OF LSF IS TO IMPROVE THE WELL-BEING OF YOUTH AND FAMILIES, RECOGNIZING THE PROFOUND IMPACT OF CRISES AND CONFLICTS ON FAMILY UNITS. LSF FAMILY FOCUS PROGRAMS ENCOMPASS THE ENTIRE FAMILY FROM INFANTS TO SENIORS IN NEED, PROVIDING CRITICAL SERVICES TO THOUSANDS LAST YEAR. FOR CHILDREN WHO FACE ABUSE OR NEGLECT, LSF'S CHILD WELFARE CASE MANAGEMENT OFFERS PROTECTIVE SERVICES, ENSURING THE SAFETY AND WELL-BEING OF 4189 CHILDREN. LSF'S FAMILY SUPPORT CONTINUES INTO ADOLESCENCE THROUGH RESIDENTIAL YOUTH SHELTERS AND GROUP HOMES PROVIDING TEMPORARY SAFE HAVENS FOR 758 YOUNG PEOPLE AGED 10-17. IN ADDITION, WHOLE-FAMILY SERVICES ARE PROVIDED THROUGH COMMUNITY COUNSELING, FAMILY SUPPORT PROGRAMMING, AND DIVERSION SERVICES, TOUCHING 19,155 INDIVIDUALS. LSF ADULT ADVOCACY SERVICES PROTECTED THE

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,804. including grants of \$) (Revenue \$ 1,813,191.)

4e Total program service expenses 356,808,018.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|--------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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 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> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 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% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 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 |
|---|---------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 425 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

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

| | | 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 | | 2103 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | | |
| | 1a 11 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 11 | | |
| 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? | | X |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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 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 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.

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) SAMUEL M. SIPES PRESIDENT AND CEO | 45.00 | | | X | | | 432,214. | 0. | 15,675. | |
| (2) CHRISTINE A. CAUFFIELD CEO & EXEC VP SAMH | 45.00 | | | | X | | 247,873. | 0. | 14,818. | |
| (3) MICHAEL P. CARROLL EXEC VP OF OPERATIONS | 45.00 | | | | X | | 246,403. | 0. | 14,645. | |
| (4) ROBERT J. WYDRA, JR. CFO | 45.00 | | | X | | | 199,646. | 0. | 43,608. | |
| (5) PHILIP HUBBELL EXEC VP HR | 45.00 | | | | X | | 198,146. | 0. | 44,937. | |
| (6) AMELIA FOX CSO | 45.00 | | | | X | | 200,184. | 0. | 36,315. | |
| (7) ROBERT BIALAS EVP CHILDREN & HS SERV | 45.00 | | | | X | | 199,574. | 0. | 27,304. | |
| (8) JAMES CLARK EVP AGENCY ADVANCEMENT | 45.00 | | | | X | | 182,152. | 0. | 5,476. | |
| (9) ROBERT W HALEY EVP LEGAL & GEN COUNSEL | 45.00 | | | | X | | 175,374. | 0. | 6,583. | |
| (10) LAURA P GILBERT VP FINANCE & ADMIN | 45.00 | | | | | X | 145,686. | 0. | 22,511. | |
| (11) LISA GALBRAITH CORPORATE CONTROLLER | 45.00 | | | | | X | 162,421. | 0. | 4,251. | |
| (12) MARIE MASON VP OPERATIONS | 45.00 | | | | | X | 156,208. | 0. | 9,718. | |
| (13) ANNE K. MADSEN CFO - SAMH | 45.00 | | | | | X | 140,688. | 0. | 10,406. | |
| (14) DUSTY B PYE CHIEF INTEGRATION OFFICER | 45.00 | | | | | X | 143,786. | 0. | 5,143. | |
| (15) SUSAN SCROGGINS CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (16) CHRISTINE FRANKLIN VICE CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (17) DAN YOUNG TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) ALONZO BATSON, JR. SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (19) FRED KRAEGEL FORMER CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) LORENZO COBIELLA MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) CHRISTOPHER DANFORD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JESSICA GORDON MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) PHIL PARSATOON MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) REV PEDRO M SUAREZ EX-OFFICIO | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) REVEREND GREGORY S WALTON EX-OFFICIO | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) MARK HECKLER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,830,355. | 0. | 261,390. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,830,355. | 0. | 261,390. |

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 33

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| SCHOOL DISTRICT OF PALM BEACH, 2300 FOREST HILL BLVD A-323, WEST PALM BEACH, FL 33406 | CHILD SERVICES | 4,159,333. |
| HISPANIC HUMAN RESOURCES, 1427 S. GONGRESS AVE, WEST PALM BEACH, FL 33406 | CHILD SERVICES | 2,158,081. |
| FLORENCE FULLER CHILD DEVELOPMENT CENTER 200NE 14TH STREET, BOCA RATON, FL 33432 | CHILD SERVICES | 1,812,023. |
| R'CLUB CHILD CARE, INC 4140 49TH ST NORTH, ST PETERSBURG, FL 33709 | CHILD SERVICES | 1,645,526. |
| DUVAL COUNTY SCHOOL BOARD, 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207 | CHILD SERVICES | 1,333,276. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 40

SEE PART VII, SECTION A CONTINUATION SHEETS

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 | 1 a | Federated campaigns | 1a 205,125. | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 5,000. | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e 364,463,989. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f 10,225,981. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 577,451. | | | | |
| | h | Total. Add lines 1a-1f | | 374900095. | | | |
| | Program Service Revenue | 2 a | GUARDIANSHIP SERVICES | Business Code 624200 | 719,398. | 719,398. | |
| b | | RESETTLEMENT SERVICES | 624200 | 469,191. | 469,191. | | |
| c | | MANAGEMENT FEE | 611710 | 76,557. | 76,557. | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | 1,265,146. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 127,078. | | 127,078. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | 48,066. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses ... | 6b 0. | | | | |
| | c | Rental income or (loss) | 6c 48,066. | | | | |
| | d | Net rental income or (loss) | | 48,066. | 48,066. | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 493,577. | | | |
| | | | (ii) Other | 9,800. | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b 469,576. | 0. | | | |
| | c | Gain or (loss) | 7c 24,001. | 9,800. | | | |
| d | Net gain or (loss) | | 33,801. | | 33,801. | | |
| 8 a | Gross income from fundraising events (not including \$ 5,000. of contributions reported on line 1c). See Part IV, line 18 | | 8a 25,000. | | | | |
| | | | 8b 28,328. | | | | |
| | | | | | | | |
| c | Net income or (loss) from fundraising events | | -3,328. | | -3,328. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | |
| | | | 9b | | | | |
| | | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | 10a | | | | |
| | | | 10b | | | | |
| | | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | MISCELLANEOUS REVENUE | Business Code 561000 | 499,979. | 499,979. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 499,979. | | | |
| 12 | Total revenue. See instructions | | 376870837. | 1,813,191. | 0. | 157,551. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 209,374,126. | 209,374,126. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 8,606,314. | 8,606,314. | | |
| 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 | 2,529,936. | 780,969. | 1,555,164. | 193,803. |
| 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 | 72,496,390. | 67,631,606. | 4,678,166. | 186,618. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,425,470. | 1,628,470. | -208,437. | 5,437. |
| 9 Other employee benefits | 11,317,151. | 10,460,304. | 807,646. | 49,201. |
| 10 Payroll taxes | 5,914,706. | 5,464,060. | 424,429. | 26,217. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 343,551. | 311,812. | 31,739. | |
| c Accounting | 505,052. | 10,890. | 494,162. | |
| d Lobbying | 60,000. | | 60,000. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 18,485. | | 18,485. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 23,069,742. | 22,970,192. | 71,788. | 27,762. |
| 12 Advertising and promotion | 111,785. | 36,168. | 64,915. | 10,702. |
| 13 Office expenses | 9,971,220. | 9,762,590. | 167,859. | 40,771. |
| 14 Information technology | 1,716,194. | 1,385,702. | 316,122. | 14,370. |
| 15 Royalties | | | | |
| 16 Occupancy | 9,085,045. | 8,490,445. | 588,582. | 6,018. |
| 17 Travel | 3,078,853. | 2,916,622. | 150,109. | 12,122. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,084,752. | 985,347. | 89,990. | 9,415. |
| 20 Interest | 155,776. | 52,242. | 103,534. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,214,864. | 1,169,537. | 45,327. | |
| 23 Insurance | 1,211,180. | 1,087,042. | 121,780. | 2,358. |
| 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 O.) | | | | |
| a FOOD PURCHASES | 2,687,125. | 2,687,125. | | |
| b IN-KIND SUPPLIES & FOOD | 577,451. | 577,451. | | |
| c STAFF RECRUITMENT | 510,964. | 63,919. | 447,045. | |
| d BACKGROUND CHECKS | 73,956. | 71,910. | 2,046. | |
| e All other expenses | 369,352. | 283,175. | 11,524. | 74,653. |
| 25 Total functional expenses. Add lines 1 through 24e | 367,509,440. | 356,808,018. | 10,041,975. | 659,447. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,126,385. | 1 | 2,923,135. |
| | 2 Savings and temporary cash investments | 13,851,491. | 2 | 19,625,191. |
| | 3 Pledges and grants receivable, net | 39,268,072. | 3 | 54,694,805. |
| | 4 Accounts receivable, net | 331,328. | 4 | 530,469. |
| | 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 | 360,914. | 5 | 485,000. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,180,183. | 9 | 6,311,911. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 19,316,411. | | |
| | b Less: accumulated depreciation | 10b 10,060,113. | | |
| | 11 Investments - publicly traded securities | 5,921,886. | 10c | 9,256,298. |
| | 12 Investments - other securities. See Part IV, line 11 | 1,088,691. | 11 | 1,176,354. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 5,881,996. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 73,010,946. | 15 | 11,632,187. | |
| | | 16 | 106,635,350. | |
| Liabilities | 17 Accounts payable and accrued expenses | 47,965,718. | 17 | 55,485,142. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 9,938,677. | 19 | 21,383,647. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,123,720. | 23 | 1,872,343. |
| | 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 | 1,051,537. | 25 | 7,666,276. |
| | 26 Total liabilities. Add lines 17 through 25 | 61,079,652. | 26 | 86,407,408. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 3,654,370. | 27 | 5,648,752. |
| | 28 Net assets with donor restrictions | 8,276,924. | 28 | 14,579,190. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 11,931,294. | 32 | 20,227,942. |
| | 33 Total liabilities and net assets/fund balances | 73,010,946. | 33 | 106,635,350. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 376,870,837. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 367,509,440. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 9,361,397. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11,931,294. |
| 5 | Net unrealized gains (losses) on investments | 5 | 50,997. |
| 6 | Donated services and use of facilities | 6 | -1,122,831. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 7,085. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 20,227,942. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | 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. | X | |
| 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? _____ | X | |
| 3b | 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 _____ | X | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 240890310 | 247849468 | 260828886 | 297915376 | 374900095 | ##### |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 240890310 | 247849468 | 260828886 | 297915376 | 374900095 | ##### |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | ##### |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 240890310 | 247849468 | 260828886 | 297915376 | 374900095 | ##### |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 65,357. | 74,997. | 84,707. | 100,376. | 175,144. | 500,581. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 531,539. | 479,678. | 222,093. | 657,352. | 524,979. | 2415641. |
| 11 Total support. Add lines 7 through 10 | | | | | | ##### |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 5,685,449. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.80 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 99.81 | % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 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> | | |
| 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <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> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 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? <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 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? <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> | | | |
| 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| 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> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 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 | <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 |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section 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 (reasonable cause required - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

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

2018 AMOUNT: \$ 531,539.

2019 AMOUNT: \$ 479,678.

2020 AMOUNT: \$ 222,093.

2021 AMOUNT: \$ 641,303.

2022 AMOUNT: \$ 499,979.

SPECIAL FUNDRAISING EVENTS REVENUE

2021 AMOUNT: \$ 16,049.

2022 AMOUNT: \$ 25,000.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

| | |
|--|---|
| 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 | STATE OF FLORIDA DEPARTMENT OF CHILDREN & FAMILIES 1317 WINEWOOD BLVD, BLDG 1, RM 202 TALLAHASSEE, FL 32399 | \$ 221,062,502. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201 | \$ 68,893,058. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | STATE OF FL DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY, BIN A-17 TALLAHASSEE, FL 32399 | \$ 7,931,279. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FAMILY SUPPORT SERVICES OF SUNCOAST, LLC 8550 ULMERTON ROAD, SUITE 130 LARGO, FL 33771 | \$ 11,809,199. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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 |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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 LUTHERAN SERVICES FLORIDA, INC. | Employer identification number 59-2198911 |
|--|---|

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

Schedule C (Form 990) 2022

LHA

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

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 60,000. |
| j Total. Add lines 1c through 1i | | | 60,000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-------------|
| c Beginning balance | 19,681,485. |
| d Additions during the year | 1,924,009. |
| e Distributions during the year | |
| f Ending balance | 21,605,494. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 9,365,615. | 9,545,571. | 9,842,335. | 11,004,710. | 5,916,773. |
| b Contributions | 9,528,043. | 3,085,346. | 2,008,220. | 2,021,105. | 6,798,115. |
| c Net investment earnings, gains, and losses | 81,472. | -166,410. | 238,498. | 24,299. | 67,715. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,219,586. | 3,098,892. | 2,543,482. | 3,207,779. | 1,777,893. |
| f Administrative expenses | | | | | |
| g End of year balance | 15,755,544. | 9,365,615. | 9,545,571. | 9,842,335. | 11,004,710. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 7.4660 %
 - b Permanent endowment 5.6200 %
 - c Term endowment 86.9140 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,848,945. | | 1,848,945. |
| b Buildings | | 3,637,868. | 3,006,377. | 631,491. |
| c Leasehold improvements | | 10,246,926. | 3,973,646. | 6,273,280. |
| d Equipment | | 2,780,564. | 2,280,735. | 499,829. |
| e Other | | 802,108. | 799,355. | 2,753. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 9,256,298. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (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) | | |
| Total. (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 | 537,777. |
| (2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS | 885,416. |
| (3) GIFTED FACILITIES | 3,113,264. |
| (4) DUE FROM AFFILIATE | 99,280. |
| (5) ROU ASSET | 6,996,450. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 11,632,187. |

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 | 7,666,276. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 7,666,276. |

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.

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 384,511,089. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 50,997. |
| b | Donated services and use of facilities | 2b | 3,076,585. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 4,522,470. |
| e | Add lines 2a through 2d | 2e | 7,650,052. |
| 3 | Subtract line 2e from line 1 | 3 | 376,861,037. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 9,800. |
| c | Add lines 4a and 4b | 4c | 9,800. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 376,870,837. |

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

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

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 373,391,631. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 4,199,416. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,692,575. |
| e | Add lines 2a through 2d | 2e | 5,891,991. |
| 3 | Subtract line 2e from line 1 | 3 | 367,499,640. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 9,800. |
| c | Add lines 4a and 4b | 4c | 9,800. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 367,509,440. |

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. LSF IS ALSO THE SOLE MEMBER OF MIAMI BRIDGE, WHICH 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. 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 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 THREE YEARS FROM THE FILING DATE OF

Part XIII Supplemental Information (continued)

THE RESPECTIVE RETURNS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|------------|
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST | 7,085. |
| MIAMI BRIDGE YOUTH REVENUE | 4,515,385. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 4,522,470. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|--------|
| GAIN/LOSS RECLASS FROM OPERATING EXPENSE | 9,800. |
|--|--------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-----------------------------|------------|
| MIAMI BRIDGE YOUTH EXPENSES | 1,692,575. |
|-----------------------------|------------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|--------|
| GAIN/LOSS RECLASS FROM OPERATING EXPENSE | 9,800. |
|--|--------|

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) 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) | 395,563. | 0. | | | DCF SAMH PROVIDER |
| ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS - 4201 SW 21ST PL - GAINESVILLE, FL 32607 | 59-6000501 | 501(C)(3) | 1,358,910. | 0. | | | DCF SAMH PROVIDER |
| BAY AREA YOUTH SERVICES 3104 CHERRY PALM DR. STE 220 TAMPA, FL 33619 | 59-2184150 | 501(C)(3) | 674,181. | 0. | | | DCF SAMH PROVIDER |
| BAYCARE BEHAVIORAL HEALTH, INC PO BOX 428 NEW PORT RICHEY, FL 34656-0428 | 59-1371752 | 501(C)(3) | 5,698,799. | 0. | | | DCF SAMH PROVIDER |
| CAMELOT COMMUNITY CARE, INC 4910-D CREEKSIDE DR CLEARWATER, FL 33760 | 31-1659302 | 501(C)(3) | 306,344. | 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) | 516,271. | 0. | | | DCF SAMH PROVIDER |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**

3 Enter total number of other organizations listed in the line 1 table **16.**

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

Schedule I (Form 990) 2022

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC - 1218 NW 6TH STREET - GAINESVILLE, FL 32601 | 59-1435252 | 501(C)(3) | 1,063,254. | 0. | | | DCF SAMH PROVIDER |
| CHILD GUIDANCE CENTER, INC 5776 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207 | 59-0704727 | 501(C)(3) | 3,153,542. | 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) | 1,267,560. | 0. | | | DCF SAMH PROVIDER |
| CHRYSALIS CENTER 1507 SUNSET DRIVE CORAL GABLES, FL 33143 | 20-1966531 | | 1,962,615. | 0. | | | DCF SAMH PROVIDER |
| CLAY BEHAVIORAL HEALTH CENTER, INC 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073 | 59-2219317 | 501(C)(3) | 7,253,959. | 0. | | | DCF SAMH PROVIDER |
| COMMUNITY COALITION ALLIANCE, INC 435 CITRONA DRIVE FERNANDINA BEACH, FL 32034 | 26-4026115 | 501(C)(3) | 3,083,739. | 0. | | | DCF SAMH PROVIDER |
| COMMUNITY REHABILITATION CENTER, INC - 623 BEECHWOOD ST - JACKSONVILLE, FL 32206 | 59-3198739 | 501(C)(3) | 557,429. | 0. | | | DCF SAMH PROVIDER |
| DAIGLE IDEA DEVELOPMENT DBA DAIGLE CREATIVE 9957 MORRINGS DRIVE #406 - JACKSONVILLE, FL 32257 | 20-3451345 | | 300,000. | 0. | | | DCF SAMH PROVIDER |
| DANIEL MEMORIAL, INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216 | 59-3067752 | 501(C)(3) | 714,098. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DAYSRING VILLAGE, INC PO BOX 1080 HILLIARD, FL 32046 | 59-2920469 | | 4,163,302. | 0. | | | DCF SAMH PROVIDER |
| DELORES BARR WEAVER POLICY CENTER, INC - 40 E ADAMS ST, STE 130 - JACKSONVILLE, FL 32202 | 46-0938295 | 501(C)(3) | 54,846. | 0. | | | DCF SAMH PROVIDER |
| DEVEREUX FOUNDATION 5850 T.G. LEE BLVD, SUITE 400 ORLANDO, FL 32822 | 23-1390618 | | 175,875. | 0. | | | DCF SAMH PROVIDER |
| ECKERD YOUTH ALTERNATIVES, INC 100 STARCREST DR CLEARWATER, FL 33765 | 59-2551416 | 501(C)(3) | 941,748. | 0. | | | DCF SAMH PROVIDER |
| EPIC COMMUNITY SERVICE, INC 1400 OLD DIXIE HWY, STE A ST AUGUSTINE, FL 32084 | 59-1502582 | 501(C)(3) | 5,724,793. | 0. | | | DCF SAMH PROVIDER |
| FIRST COAST RECOVERY ADVOCATES 23 W 8TH STREET JACKSONVILLE, FL 32206 | 85-3112656 | 501(C)(3) | 41,711. | 0. | | | DCF SAMH PROVIDER |
| FLAGLER HOSPITAL, INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 | 59-0675143 | 501(C)(3) | 4,779,154. | 0. | | | DCF SAMH PROVIDER |
| FLAGLER OPEN ARMS RECOVERY SERVICES, INC - 2001 PLAM DRIVE - FLAGLE BEACH, FL 32136 | 85-1112598 | 501(C)(3) | 515,491. | 0. | | | DCF SAMH PROVIDER |
| NEW HOPE EDUCATION AND ADDITION SERVICES INC - DBA FLORIDA RECOVERY SCHOOLS, PO BOX 550956 - JACKSONVILLE, FL 32255 | 47-3436523 | 501(C)(3) | 322,465. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FRESH MINISTRIES, INC 1131 N LAURA ST JACKSONVILLE, FL 32206 | 59-2967898 | 501(C)(3) | 2,726,956. | 0. | | | DCF SAMH PROVIDER |
| GAINESVILLE OPPORTUNITY CENTER, INC - 2772 NW 43RD ST, STE B-1 - GAINESVILLE, FL 32606 | 20-8823721 | 501(C)(3) | 399,507. | 0. | | | DCF SAMH PROVIDER |
| GATEWAY COMMUNITY SERVICES, INC 555 STOCKTON ST JACKSONVILLE, FL 32204 | 59-1881828 | 501(C)(3) | 14,771,448. | 0. | | | DCF SAMH PROVIDER |
| GENESIS HEALTH, INC. DBA BROOKS REHABILITATION - 3599 UNIVERSITY BLVD S - JACKSONVILLE, FL 32216 | 59-2249370 | | 295,755. | 0. | | | DCF SAMH PROVIDER |
| GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC - 14041 ICOT BLVD - CLEARWATER, FL 33760 | 59-1229354 | 501(C)(3) | 455,526. | 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) | 2,394,895. | 0. | | | DCF SAMH PROVIDER |
| HANLEY CENTER FOUNDATION, INC 900 54TH ST WEST PALM BEACH, FL 33407 | 20-2871945 | 501(C)(3) | 1,900,617. | 0. | | | DCF SAMH PROVIDER |
| HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804 | 59-0808854 | | 123,016. | 0. | | | DCF SAMH PROVIDER |
| HERE TOMORROW INC 910 3RD STREET NEPTUNE BEACH, FL 32206 | 47-5278523 | 501(C)(3) | 500,000. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CITY OF HOPE INTERNATIONAL, INC. DBA HOUSE OF HOPE OF FLORIDA - PO BOX 540 - WILDWOOD, FL 34785 | 46-5029263 | 501(C)(3) | 161,282. | 0. | | | DCF SAMH PROVIDER |
| I.M. SULZBACHER CENTER FOR THE HOMELESS, INC - 611 E ADAMS ST - JACKSONVILLE, FL 32202 | 59-3229898 | 501(C)(3) | 1,030,843. | 0. | | | DCF SAMH PROVIDER |
| INSPIRE TO RISE, INC 5927 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210 | 83-1762729 | 501(C)(3) | 669,983. | 0. | | | DCF SAMH PROVIDER |
| LIFESTREAM BEHAVIORAL CENTER, INC 2020 TALLY ROAD LEESBURG, FL 34749 | 59-1561501 | 501(C)(3) | 29,104,421. | 0. | | | DCF SAMH PROVIDER |
| MARION SENIOR SERVICES, INC 1101 SW 20TH COURT OCALA, FL 34471 | 23-7362750 | | 138,136. | 0. | | | DCF SAMH PROVIDER |
| MARLYN BEHAVIORAL HEALTH SYSTEMS, INC DBA QUALITY RESOURCE CENTER - 11265 ALUMNI WAY - JACKSONVILLE, FL 32246 | 59-3433089 | 501(C)(3) | 738,239. | 0. | | | DCF SAMH PROVIDER |
| MENTAL HEALTH AMERICA OF EAST CENTRAL FLORIDA, INC - 531 RIDGEWOOD AVENUE - DAYTONA BEACH, FL 32114 | 59-6044669 | 501(C)(3) | 240,521. | 0. | | | DCF SAMH PROVIDER |
| MENTAL HEALTH RESOURCE CENTER, INC 10550 DEERWOOD PARK BLVD, STE 600 JACKSONVILLE, FL 32256 | 59-1905344 | 501(C)(3) | 14,608,506. | 0. | | | DCF SAMH PROVIDER |
| MERIDIAN BEHAVIORAL HEALTHCARE, INC - 4300 SW 13TH ST - GAINESVILLE, FL 32608 | 59-1906214 | 501(C)(3) | 31,949,113. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MID FLORIDA HOMELESS COALITION, INC - 104 E DAMPIER STREET - INVERNESS, FL 34450 | 59-3800140 | 501(C)(3) | 169,230. | 0. | | | DCF SAMH PROVIDER |
| DERRICK COLLINS EL DBA MR AND MS MENTORING INC, 1615 RIDGEWOOD AVE - HOLLYHILL, FL 32117 | 82-3985263 | | 244,723. | 0. | | | DCF SAMH PROVIDER |
| NAMI HERNANDO PO BOX 5613 SPRING HILL, FL 34611 | 59-2684242 | 501(C)(3) | 188,516. | 0. | | | DCF SAMH PROVIDER |
| NAMI MARION PO BOX 5753 OCALA, FL 34478 | 59-3509499 | | 207,476. | 0. | | | DCF SAMH PROVIDER |
| NORTHWEST BEHAVIORAL HEALTH SERVICES, INC - PO BOX 9373A - JACKSONVILLE, FL 32208 | 59-3128476 | 501(C)(3) | 712,211. | 0. | | | DCF SAMH PROVIDER |
| OPERATION PAR, INC 6655 66TH ST N PINELLAS PARK, FL 33781 | 59-1349234 | 501(C)(3) | 1,510,201. | 0. | | | DCF SAMH PROVIDER |
| OUTREACH COMMUNITY CARE NETWORK, INC - 240240 NORTH FREDERICK AVENUE - DAYTONA BEACH, FL 32114 | 59-2897172 | | 830,590. | 0. | | | DCF SAMH PROVIDER |
| OSCEOLA MENTAL HEALTH INC DBA PARK PLACE BEHAVIORIAL HEALTH CARE, 206 PARK PLACE BLVD - KISSIMMEE, FL 3 | 59-1677912 | | 1,299,893. | 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) | 2,745,863. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| REBEL RECOVERY FLORIDA, INC 400 N CONGRESS AVE, SUITE 130 WEST PALM BEACH, FL 33401 | 81-5190566 | 501(C)(3) | 151,182. | 0. | | | DCF SAMH PROVIDER |
| RECOVERY POINT PALATKA, INC 2701 REID STREET PALATKA, FL 32177 | 87-1689031 | | 192,553. | 0. | | | DCF SAMH PROVIDER |
| RENEW RECOVERY CAF, INC 3140 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32188 | 87-3958015 | | 99,096. | 0. | | | DCF SAMH PROVIDER |
| RIVER REGION HUMAN SERVICES, INC 2055 REYKO RD, STE 101 JACKSONVILLE, FL 32207 | 59-1952727 | 501(C)(3) | 442,200. | 0. | | | DCF SAMH PROVIDER |
| RTC RESOURCE ACQUISITION CORPORATION DBA RESOURCE TREATMENT CENTER - 1404 S STATE AVE - INDIANPOLIS, FL 46203 | 03-0512675 | | 31,089. | 0. | | | DCF SAMH PROVIDER |
| SCHOOL DISTRICT OF CLAY COUNTY - SEDNET - 2306 KINGSLEY AVE - ORANGE PARK, FL 32073 | 59-3474751 | 501(C)(3) | 437,503. | 0. | | | DCF SAMH PROVIDER |
| SHINING LIGHT PEER SERVICES 3701 CRILL AVENUE PALATKA, FL 32177 | 83-1663725 | 501(C)(3) | 148,997. | 0. | | | DCF SAMH PROVIDER |
| SMA BEHAVIORAL HEALTH SERVICES, INC. - 1220 WILLIS AVE, BOX 60 - DAYTONA BEACH, FL 32114-2810 | 59-0976866 | 501(C)(3) | 39,883,463. | 0. | | | DCF SAMH PROVIDER |
| ST. AUGUSTINE YOUTH SERVICES, INC 201 SIMONE WAY ST AUGUSTINE, FL 32086 | 59-2925271 | 501(C)(3) | 2,701,950. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| STARTING POINT BEHAVIORAL HEALTHCARE - 461342 SR 200 - YULEE, FL 32097 | 59-3029469 | 501(C)(3) | 4,110,087. | 0. | | | DCF SAMH PROVIDER |
| THE HOUSE NEXT DOOR, INC 804 N WOODLAND BLVD DELAND, FL 32720-3429 | 59-1675284 | 501(C)(3) | 453,015. | 0. | | | DCF SAMH PROVIDER |
| THE VOLUSIA-FLAGLER COUNT COALITION FOR THE HOMELESS - PO BOX 309 - DAYTONA BEACH, FL 32115 | 16-1649078 | | 255,173. | 0. | | | DCF SAMH PROVIDER |
| UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202 | 59-0637825 | 501(C)(3) | 1,224,150. | 0. | | | DCF SAMH PROVIDER |
| UNITED WAY OF SUWANNEE VALLEY, INC 871 SW STATE ROAD 47 LAKE CITY, FL 32025 | 59-1262354 | 501(C)(3) | 78,368. | 0. | | | DCF SAMH PROVIDER |
| URBAN JACKSONVILLE, INC. DBA AGING TRUE - 4250 LAKESIDE DR SUITE 200 - JACKSONVILLE, FL 32210 | 23-7024899 | 501(C)(3) | 281,913. | 0. | | | DCF SAMH PROVIDER |
| VAN GOGH'S PALETTE INC. DBA. VINCENT ACADEMY ADVENTURE COAST - (VINCENT HOUSE) 4801 78TH AVE N - PINELLAS PARK, FL 34611 | 59-3720139 | 501(C)(3) | 464,099. | 0. | | | DCF SAMH PROVIDER |
| VOLUNTEERS OF AMERICA OF FLORIDA, INC - 1205 E 8TH AVE - JACKSONVILLE, FL 33605 | 58-1856992 | 501(C)(3) | 202,311. | 0. | | | DCF SAMH PROVIDER |
| CRC HEALTH TREATMENT CLINICS, LLC CBA VOLUSIA COUNTY COMPREHENSIVE TREATMENT CENTER, 3928 S NOVA ROAD - PORT O | 47-1730600 | | 357,858. | 0. | | | DCF SAMH PROVIDER |

Schedule I (Form 990)

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 | 26349 | 0. | 5,715,852. | FMV | FOOD, CLOTHING, HOUSING |
| DIRECT CASH ASSISTANCE FOR RENT, UTILITIES, ETC | 59677 | 2,890,462. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

| | Yes | No |
|-----------|----------|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) | 430,386. | 0. | 1,828. | 0. | 15,675. | 447,889. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CHRISTINE A. CAUFFIELD CEO & EXEC VP SAMH | (i) | 246,300. | 0. | 1,573. | 7,751. | 7,067. | 262,691. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL P. CARROLL EXEC VP OF OPERATIONS | (i) | 244,949. | 0. | 1,454. | 7,482. | 7,163. | 261,048. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ROBERT J. WYDRA, JR. CFO | (i) | 198,921. | 0. | 725. | 25,257. | 18,351. | 243,254. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) PHILIP HUBBELL EXEC VP HR | (i) | 197,421. | 0. | 725. | 26,586. | 18,351. | 243,083. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) AMELIA FOX CSO | (i) | 199,796. | 0. | 388. | 24,720. | 11,595. | 236,499. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ROBERT BIALAS EVP CHILDREN & HS SERV | (i) | 198,849. | 0. | 725. | 26,401. | 903. | 226,878. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JAMES CLARK EVP AGENCY ADVANCEMENT | (i) | 181,167. | 0. | 985. | 4,256. | 1,220. | 187,628. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) ROBERT W HALEY EVP LEGAL & GEN COUNSEL | (i) | 175,246. | 0. | 128. | 0. | 6,583. | 181,957. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) LAURA P GILBERT VP FINANCE & ADMIN | (i) | 145,209. | 0. | 477. | 4,553. | 17,958. | 168,197. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) LISA GALBRAITH CORPORATE CONTROLLER | (i) | 161,889. | 0. | 532. | 3,726. | 525. | 166,672. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) MARIE MASON VP OPERATIONS | (i) | 155,693. | 0. | 515. | 3,103. | 6,615. | 165,926. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) ANNE K. MADSEN CFO - SAMH | (i) | 140,260. | 0. | 428. | 3,988. | 6,418. | 151,094. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (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:

SAMUEL M SIPES WAS THE ONLY PARTICIPANT IN THE ORGANIZATION'S 457(F) PLAN - \$33,333.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| ROBERT J. WYDRA | CFO | SPLIT DO | | X | 70,000. | 140,000. | | X | X | | X | |
| PHILIP HUBBELL | EXEC VP | SPLIT DO | | X | 60,000. | 120,000. | | X | X | | X | |
| AMELIA FOX | CSO | SPLIT DO | | X | 60,000. | 125,000. | | X | X | | X | |
| ROBERT BIALAS | EVP CHIL | SPLIT DO | | X | 50,000. | 100,000. | | X | X | | X | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | \$ 485,000. | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
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Part V Supplemental Information.

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

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

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

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

(A) NAME OF PERSON: PHILIP HUBBELL

(B) RELATIONSHIP WITH ORGANIZATION: EXEC VP HR

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

(A) NAME OF PERSON: AMELIA FOX

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

(A) NAME OF PERSON: ROBERT BIALAS

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

(C) PURPOSE OF LOAN: SPLIT DOLLAR AGREEMENT

SCHEDULE L, PART II

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for 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 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 | | 577,451. | FMV |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

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 3 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.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

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

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

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

AREA. PREVENTION SERVICES REACH OVER 3.9 MILLION INDIVIDUALS, WITH
TRAINING PROVIDED TO MORE THAN 2,500 INDIVIDUALS AND PEERS, AND 672
CARE LINE CALLS ANSWERED. BECAUSE OF LSF HEALTH SYSTEMS, MILLIONS OF
VULNERABLE AND AT-RISK FLORIDIANS WERE ABLE TO HAVE BEHAVIORAL HEALTH
NEEDS MET, ADDICTIONS BROKEN, AND LIVES SAVED.

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

LIVES OF 357 ADULTS AT RISK OF EXPLOITATION, OFFERING THEM A LIFELINE
AND MANAGING THEIR AFFAIRS AMIDST CHALLENGES WITH MENTAL OR PHYSICAL
INCAPACITIES. LSF ALSO EXTENDS A COMPASSIONATE HAND TO NEWCOMERS IN
FLORIDA, HELPING 14,671 REFUGEES AND IMMIGRANTS WITH VARIOUS SERVICES
INCLUDING FINDING HOMES, LEARNING ENGLISH, SECURING EMPLOYMENT, LEGAL
ASSISTANCE AND MENTORSHIP AS THEY INTEGRATE INTO THEIR NEW COMMUNITIES,
FOSTERING A SENSE OF BELONGING AND HOPE IN THEIR NEW LIVES.

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

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

Schedule O (Form 990) 2022

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

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 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

Name of the organization

LUTHERAN SERVICES FLORIDA, INC.

Employer identification number

59-2198911

EMPLOYEE MAY ENGAGE IN ANY ACTIVITY THAT MIGHT BENEFIT HIM/HER PERSONALLY AT THE EXPENSE OF, OR THAT MIGHT BE HARMFUL TO THE ORGANIZATION. IF THERE IS ANY QUESTION REGARDING THIS ISSUE, THE MATTER SHOULD BE SUBMITTED IN WRITING TO THE CHIEF EXECUTIVE OFFICER. EMPLOYEES MAY ENGAGE IN ACTIVITIES, INCLUDING ADDITIONAL EMPLOYMENT, OUTSIDE OF WORKING-TIME AND AWAY FROM LSF PREMISES, OF THEIR OWN CHOOSING, PROVIDED THAT SUCH DO NOT CONFLICT OR INTERFERE WITH LSF'S OBJECTIVES OR PURPOSES AND THE EMPLOYEE'S PERFORMANCE OR THE ABILITY TO MEET LSF REQUIREMENTS. LSF RESOURCES OR WORKING TIME SHOULD NOT BE USED IN FURTHERANCE OF OUTSIDE EMPLOYMENT.

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

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

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS 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:

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

CHANGES IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY

OTHERS **7,085.**

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 for instructions and the latest information.

OMB No. 1545-0047

2022

**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. |
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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 |
| MIAMI BRIDGE YOUTH AND FAMILY SERVICES - 59-2569847, 2810 NW SO RIVER DR, MIAMI, FL 33125 | CRISIS PREVENTION FOR YOUTH | FLORIDA | 501(C)(3) | LINE 7 | LUTHERAN SERVICES FLORIDA, INC. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

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

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

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

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

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

Part VII Supplemental Information

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

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CHARLES A. ZERBST CHARITABLE TRUST

EIN: 81-2918786

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

TAMPA, FL 33606

SCHEDULE R, PART II

ON JUNE 5, 2023, THE ORGANIZATION BECAME THE SOLE CORPORATE OF MIAMI BRIDGE, A NONPROFIT ORGANIZATION THAT PROMOTES POSITIVE YOUTH DEVELOPMENT AND STRENGTHEN AND SUPPORT FAMILIES TO ENABLE CHILDREN TO ACTUALIZE THEIR FULL POTENTIAL AND BECOME PRODUCTIVE COMMUNITY MEMBERS. THE PROGRAMS OPERATED BY MIAMI BRIDGE DIRECTLY ALIGN WITH THE ORGANIZATION'S MISSION AND ALLOWED THE ORGANIZATION TO EXPAND ITS IMPACT IN THE MIAMI-DADE AREA.

EFFECTIVE JUNE 5, 2023, THE ORGANIZATION ACQUIRED SUBSTANTIALLY ALL THE ASSETS AND ASSUMED ALL THE LIABILITIES USED IN CONNECTION WITH THE OPERATIONS OF MIAMI BRIDGE.