Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

AF	or th	e 2016 calendar year, or tax year beginning and	l ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	NATIONAL LUTHERAN, INC.			
	Name Chang		IES &	47-2	584315
X	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	2301 DECEADOU DOULEVADD	310		354-2710
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,016,651.
	Amen			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	Applie			for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)
J۷	Vebsi	te: VWW.NATIONALLUTHERAN.ORG		H(c) Group exemptio	
ΚF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2014	State of legal domicile: MD
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TOS	ERVE A	S CORPORATE	OVERSIGHT
Governance		FOR ITS AFFILIATED COMMUNITIES DESIGNED H			
rnai	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets.
INC	3	Number of voting members of the governing body (Part VI, line 1a)			15
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
s 8	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	45
Activities &	6	Total number of volunteers (estimate if necessary)		6	2
vcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
1	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			15,655.
enu	9	Program service revenue (Part VIII, line 2g)			5,000,333.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			663.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			5,016,651.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			258,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			6,260,154.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
ď		Total fundraising expenses (Part IX, column (D), line 25) 454,9			2 407 214
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,407,314.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			9,925,968.
	19	Revenue less expenses. Subtract line 18 from line 12			-4,909,317.
s or nces			Be	eginning of Current Year	End of Year
Assets I Balanc	20	Total assets (Part X, line 16)	······		33,901,669.
et A: nd E		Total liabilities (Part X, line 26)			2,071,344.
	22	Net assets or fund balances. Subtract line 21 from line 20			31,830,325.
Ра	irt II	Signature Block			

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

Sign		Signature of c	officer						Date			
Here		MICHAE	LЈ	BRADY,	CHIEF	FINANCIAL	OFFICEF	2				
		Type or print	name an	d title								
	Prir	nt/Type preparer	's name			Preparer's signature		Date		Check	PTIN	
Paid	KE	RRI N.	BOGE	A		KERRI N. B	OGDA			it self-employed	P007604	02
Preparer						HOW KRAUSE			Firm	's EIN ▶ 3	9-08599	10
Use Only	Firn	n's address 🕨	221	W. PHI	LADELPI	HIA STREET	, SUITE	200				
		-	YORF	K, PA 1'	7401				Phor	ne no.717.	846.700	0
May the I	RS d	iscuss this ret	urn with	the preparer	shown abo	ve? (see instructions	5)				X Yes	No
											00	

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public

Inspection

6

Form	n 990 (2016) NATIONAL LUTHERAN, INC.	47-2584315 Page	2
Pa	Int III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO FULFILL ITS CHRISTIAN MINISTRY, NATIONAL LUTHERAN COM	MUNITIES &	
	SERVICES IS ORGANIZED TO PROVIDE AN ARRAY OF OPTIONS FOR	SENIORS	
	INCLUDING RESIDENTIAL LIVING AS WELL AS HOME AND COMMUNI	TY-BASED	
	SERVICES WHICH ARE DESIGNED TO MEET INDIVIDUAL NEEDS.		
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 N	о
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	0
Ũ	If "Yes," describe these changes on Schedule O.		•
4	Describe the organization's program service accomplishments for each of its three largest program services, as	massured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
		ine total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,734,870. including grants of \$ 258,500.) (Rever	nue \$ 5,000,333.	
48	(Code:) (Expenses \$1, / 34, 870. including grants of \$238, 500.) (Rever TO SERVE AS CORPORATE OVERSIGHT WHICH INCLUDES, BUT IS N		_)
			—
	THE MARKETING, DEVELOPMENT, INFORMATION TECHNOLOGY, PHIL		
	FINANCE, AND HUMAN RESOURCE SERVICES OF TWO EXPANDING CC		
	AND ONE DUAL-CERTIFIED INDEPENDENT LIVING/ASSISTED LIVIN		
	PROVIDES SENIORS WITH HOUSING, MEDICAL ATTENTION, AND AN		
	PROMOTE GOOD EMOTIONAL AND PHYSICAL HEALTH IN A CHRISTIA		
	CURRENTLY THE ORGANIZATION IS OVERSEEING THE FUTURE DEVE		
	CCRC COMMUNITY TO BE LOCATED IN ANNAPOLIS, MD AND A HOME	CARE AGENCY IN	
	WINCHESTER, VA.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	iue\$	_)
			_
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
	() () (·····	- '
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			—
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,734,870.	– 000 (ac)	

Eorm	000	(2016)	
⊢orm	990	(2016)	

 Form 990 (2016)
 NATIONAL LUTHERAN, INC.

 Part IV
 Checklist of Required Schedules

1 bet organization described in section S01(b)(3) or 4947(g)(1) (other than a private foundation)? I X 2 b. the organization engine in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 17%s; "complete Schedule C, Part I 3 X 3 b. The organization engine in direct political campaign activities on behalf of or in opposition to candidate for public office? If 17%s; "complete Schedule C, Part I 4 X 4 b. The organization ascennes in section S01(b) election in effect during the skereware Procedure BP17 / Yms; "complete Schedule C, Part II 5 X 6 Did the organization anistian any doner advised funds or any similar funds or accounts? If Yms; "complete Schedule D, Part II 6 X 7 X Did the organization matrian any doner advised funds or any similar funds or accounts? If Yms; "complete Schedule D, Part II 8 X 7 X Did the organization matrian account in Part X, Ims 21, for secret or outplete Schedule D, Part II 8 X 9 Did the organization answer to any of the tolowing questions in Yms; "complete Schedule D, Part II 10 X 10 Did the organization matrian control in Part X, Ims 21, for secret or outplet Schedule D, Part V 10 X 10 Did the organization matroware any of the tolowing questions in Yms				Yes	No
2 In the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct political campaign activities on behalf of or in opposition to candidates for public official' if 'Yes,' complete Schedule C, Part II 3 X 4 Section S01(c)(3) organizations. Did the organization engage in liobbying activities, or have a section 501(h) election in effect during the taxy and 'I'''se, 'complete Schedule C, Part II 4 X 5 It the organization anatian any done advised funds or any similar funds or accounts for which donos have the right to provide advice or hold a conservation essement, including easements to preserve open pace, the environment, historic land areas, or historic structures? If ''res,' complete Schedule D, Part II 6 X 7 Did the organization maintain any done advised funds or accounts for which donos have the right to provide advice or hold a conservation essement, including easements to preserve open pace, the environment, historic land areas, or historic structures? If ''res,' complete Schedule D, Part II 7 X 8 Did the organization maintain any done advised organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi endowments? If ''res,' complete Schedule D, Part II 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12'r I''res, ''complete Schedule D, Part VI. 10 X 10 <td< th=""><td>1</td><td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td><td></td><td></td><td></td></td<>	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II 3 Section SO1(c)3) organizations. Did the organization engage in lobbying activities, or have a section SO1(h) election in effect during the tax year? If Yes, 'complete Schedule C, Part II 4 X 5 Did the organization markin any doore adviced funds or any similar funds or accounts? If Yes, 'complete Schedule D, Part II 6 Did the organization markin any doore adviced funds or any similar funds or accounts? If Yes, 'complete Schedule D, Part II 7 Did the organization markin any doore adviced funds or any similar magnement, credit regar, or deht enganization regord any doore adviced magnement, credit regar, or deht enganization servers? 9 Did the organization markin and that X. Ine 21, for serve or or custofial account liability, serve as a custodian for amounts not liadie in Part X. Ine 21, for serve or or custofial account liability, serve as a custodian for amounts not liadie in Part X. Ine 21, for serve or or custofial account liability, serve as a custodian for amounts not liadie in Part X. Ine 21, for serve or or custofial account liability, serve as a custodian for amounts not lindic adviced b. Part V 9 Did the organization, memory for theory de redict comparization, hick assets in temporarily restricted endowments, permanent endowments? If Yes, 'complete Schedule D, Part V 10 Did the organization save to any of the following questions is 'Yes, 'then complete Schedule D, Part X. 11 Did the organization report an amount for investments - other securities in Part X, line 150 that is 5% or more of its total assets reported in Part X, line 161 that 3000000000000000000000000000000000000		If "Yes," complete Schedule A	1	Х	
 3) Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for during the tax year? If Yes, 'complete Schedule C, Part I 4) Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, 'complete Schedule C, Part I 5) Is the organization markina any donor adviced indus or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II. 6) Did the organization markina any donor adviced indus or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II. 7) Did the organization more than station collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 7) Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts notified in Part X, or provide credit counseling, debt management, credit repart, or cebe negatiation service? If 'Yes,' complete Schedule D, Part II. 8) Did the organization report an amount for land, buildings, and equipment in Part X, line 127 fur yes,' complete Schedule D, Part X. 9) Did the organization report an amount for three assets in Part X, line 127 fur yes,' complete Schedule D, Part X. 11a X. 11b X. 11c X. 11c X. 11d the organization include the notionical statements for the tax year (fur yes,' complete Schedule D, Part X. 11a X. 11b X. 11b X. 11c X. 11c X. 11d X.<	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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 taxy tex? if Yes," complete Schedule 0, Part II 4 X 5 Is the organization a section 501(c)(A). 501(c)(B) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // Yes," complete Schedule 0, Part II 5 X 7 Did the organization maintain and yoon advised tubs 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 for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right or the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, 'complete Schedule D, Part II 7 X 9 Did the organization (incetly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If Yes, 'complete Schedule D, Part IV 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part X 11 X 11 If the organization report an amount for investments - program related in Part X, line 12? It is 5% or more of its tot	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy war? If Yas, 'complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:197 If Yes, 'complete Schedule C, Part II 6 X 6 Did the organization reside of hold a conservation asserts. This information tax to be preve open space. the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part II 6 X 7 X X 8 X 9 Did the organization reside or hold a conservation asserts. The submit ansasets? If Yes, 'complete Schedule D, Part II 7 X 8 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, jor provide credit consensing, det management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part VI 10 X 11 the organization report an amount for investments - other securities in Part X, line 15? If Yes, 'complete Schedule D, Part VI 10 X 12 Did the organizat		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue 90:001 (1 // %c, * complete Schedule C, Part III. 5 X 6 Did the organization maintain any doora advised hunds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for yrives, "complete Schedule D, Part II 6 X 7 X 8 Did the organization nealers on tobia consensity, advice assents, in cubicing assembles to preserve open space, the environment, historic and areas, or historic structures? If 'Yes, 'complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listori Part X, jine 21, for escrow or custodial account liability, serve as a custodial for amounts on target of the organization report an amount for investments - ordinagement, credit repair, or dot megotiation services? 9 X 10 Did the organization report an amount for landed organization, hold assets in temporarily restricted endowments, permanent for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 11 It the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X 12 Did the organization	4				
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization, antinuic collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, antion to histed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc provide credit counseling, debt management, credit regar, or debt negotiation services? 9 X 10 Did the organization, and the organization, and parization, provide credit counseling, debt management, credit regar, or debt negotiation services? 9 X 11 the organization report an amount for linvestments - other securities in Part X, line 10? If "res," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part X 11 X 11 Did the organization report an amount for other assets in Part X, line 25? If "res," complete Schedule D, Part X 11 X 11	6				
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 B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 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 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 					
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	Ø				
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	17				<u> </u>
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1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18	18		– "		<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	.5		18		x
	19				_ _
			19		x

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 Form 990 (2016)
 NATIONAL LUTHERAN, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	, 3 ,, , , , , , , , , , , , , , , , ,			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

Form	990 (2016) NATIONAL LUTHERAN, INC. TV Statements Regarding Other IRS Filings and Tax Compliance		47-2584	315	F	eage 5	
	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34		163		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r						
U	(gambling) winnings to prize winners?			1c	х		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
20	filed for the calendar year ending with or within the year covered by this return	2a	45				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	•		2b	х		
D.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instruction			20			
30				3a		x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other			00			
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
Ь	b If "Yes," enter the name of the foreign country: ►						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
52	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			<u>5a</u> 5b		X 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?			6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?	-		6b			
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?						
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
	to file Form 8282?					x	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as	required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Fo	orm 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the					
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	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:						
а	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	n 1041?		12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11					
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				v	
14a				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le O		14b			

Form 9	90	(2016)
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Form	990	(2016	;)

NATIONAL LUTHERAN, INC.

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

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	, ,				
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v
800	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)			Vaa	No
100	Did the exception have lead chapters, branches, or affiliates?		1	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		- 23
D		•		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the f		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	belore ming the l	01111	Tiu		
				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			12.0		
-	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	zation's				
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)	s only) av	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest po	licy, and	inanc	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo		►			
	MICHAEL J. BRADY, CHIEF FINANCIAL OFFICER - 301-354 2301 RESEARCH BLVD., ROCKVILLE, MD 20850	-2/14				
	4 JUL REGERER DUVD, RUCEVILLE, MU 2000					

<u>Form 990 (2016)</u>	NATIONAL LUTH	SRAN, INC.		4/-2
Part VII Compen	sation of Officers, Directors	s, Trustees, Key	Employees, High	est Compensated
Employe	es, and Independent Contra	actors		
Check if So	chedule O contains a response or no	te to any line in this F	Part VII	

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title Average burger (ist any burger related organization balow Depotion burger (ist any burger (ist any bur	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any nours for elated organizations compensation from the organizations compensation from the organizations compensation the organizations amount of other compensation from the organizations (1) BARBARA K. WALKER, CPA, MEA TREASURER 1.00 X X 0. 0. 0. (2) DONA DUSS 1.00 X X 0. 0. 0. 0. (3) DR. TORME L. ROBINSON, JR. PED 1.00 X X 0. 0. 0. (3) DR. TORME L. ROBINSON, JR. PED 1.00 X X 0. 0. 0. (4) ELIZABETH FLORY 1.00 X X 0. 0. 0. (5) JULIE SWANSON 1.00 X X 0. 0. 0. (6) LARRENCE BRADSHAW 10.00 X X 0. 0. 0. (7) JLES BBIR 1.00 X X 0. 0. 0. (8) MIKE RODGERS 1.000 X X 0. 0. 0. (9) MIKE RODGERS 1.000 X	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
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Page 7

Form 990 (2016) NATIONAL	LUTHERA	N,	Ι	NC	•				47-25	843	15	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average		not c		ition ^{more}	than o		(D) Reportable	(E) Reportable		Estir	F) mated
	hours per week (list any hours for related	director jugo	cer ar			s both r/truste		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	;)	ot compe fror	unt of her ensation n the nization
(18) DANIEL LOOK	organizations below line) 40.00	Individual trustee or	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former					related izations
CHIEF STRATEGY OFFICER						x		230,157.	(o.	25	,856.
(19) JAE SHIN	40.00							144 005			10	F1 2
DIR., INFORMATION TECHNOLOGY	40.00					х		144,025.	(0.	18	,513.
(20) JOHN MIDOLO DIR. OF PROCUREMENT	40.00					x		127,525.	(b .	2	,967.
(21) KATHRYN BAERWALD	40.00											,
CHIEF PHILANTHROPY OFFICER						х		186,475.	(ο.	23	,800.
										+		
										+		
										\rightarrow		
1b Sub-total							•	1,464,735.	(. .	148	,317.
c Total from continuation sheets to Part VI								0.	(D.		0.
d Total (add lines 1b and 1c)								1,464,735.	().	148	,317.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) who	o re	eceived more than \$100,	000 of reportable			1 2
compensation from the organization												<u>13</u> 'es No
3 Did the organization list any former officer,	director or tri	istad	a ko		nnlo		or	highest compensated er	nnlovee on	П		
line 1a? If "Yes," complete Schedule J for si				•	•	•		•		- 1	3	x
4 For any individual listed on line 1a, is the su										.		
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		L	4	x
5 Did any person listed on line 1a receive or a					-			•				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich p	bers	on					5	X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lono	ndo	nt co	ontra	actor	e tk	at received more than \$	100 000 of compa	neati	on from	
the organization. Report compensation for t	-	-								IJan	SITTION	•
(A)	<i>__</i> _			9				(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompens	ation
ASPIRE CONSULTING			~ ~	_								205
	RS, IN	46	03	7			_	CONSULTING S	ERVICES		528	,305.
GRAND SENIOR LIVING 2748 FERRY ROAD, CHARLOTT	ידי זעיי ה י	51	15					PROFESSIONAL SERVICES			186	,689.
ARCH CONSULTING, 250 PARK				E	35	0.	-	SERVICES			100	,009.
LINCOLNSHIRE, IL 60069		20				- /		PROJECT DEVE	LOPMENT		139	,532.
-												

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 ► 3

Par	t VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line		(2)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a					
oun	b	Membership dues	1b					
δ, Aŭ	с	Fundraising events	1c					
ar E	d	Related organizations	1d					
is, (е	Government grants (contribut	ions) 1e					
r s	f	All other contributions, gifts, gran	nts, and					
ip f		similar amounts not included abo		15,655.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines			4 - 4			
ŭ ĝ	h	Total. Add lines 1a-1f			15,655.			
				Business Code		4 4 6 9 9 7 9		
e C		MANAGEMENT FEES		623000	4,468,279.	4,468,279.		
er v	b	RESIDENT SERVIC	E REV.	623000	532,054.	532,054.		
n Si	с							
Jev Sev	d							
Program Service Revenue	е							
٩.	f	All other program service reve			- 000 222			
	g	Total. Add lines 2a-2f			5,000,333.			
	3	Investment income (including		· ·	663.			663.
		other similar amounts) Income from investment of ta			005.			005.
	4			· · · ·				
	5	Royalties						
	6 0	Cross roots	(i) Real	(ii) Personal				
	6a b	Gross rents Less: rental expenses						
		Rental income or (loss)						
	c d							
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory						
	h	Less: cost or other basis						
	D	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraisin						
Other Revenue	0 4	including \$						
ver		contributions reported on line						
å		Part IV, line 18						
ther	b	Less: direct expenses						
ō		Net income or (loss) from fund		►				
		Gross income from gaming ad	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
Γ	11 a							
	b							
	с							
	d	· · · · ·						
		Total. Add lines 11a-11d		▶				
		Total revenue. See instructions.			5,016,651.	5,000,333.	0.	663.

NATIONAL LUTHERAN, INC.

Form 990 (2016)

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Page **9**

NATIONAL LUTHERAN, INC. 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).

<u></u>	Check if Schedule O contains a respons		•		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
•	and domestic governments. See Part IV, line 21	258,500.	258,500.		
2	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	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,	000 450		000 450	
-	trustees, and key employees	902,452.		902,452.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 400 601		2 000 504	010 500
7	Other salaries and wages	4,428,691.	1,125,579.	3,090,584.	212,528.
8	Pension plan accruals and contributions (include	100 100	~		AF 455
	section 401(k) and 403(b) employer contributions)	138,460.	28,170.	85,113.	25,177.
9	Other employee benefits	456,581.	135,158.	278,508.	42,915.
10	Payroll taxes	333,970.	84,214.	236,664.	13,092.
11	Fees for services (non-employees):				
а	Management	28,202.		28,202.	
b	Legal	75,232.		74,492.	740.
с	Accounting	90,450.		90,450.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	405.		405.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch 0.)	796,477.	43,745.	752,272.	460.
12	Advertising and promotion	305,744.		247,211.	<u>460.</u> 58,533.
13	Office expenses	426,952.	10,367.	375,233.	41,352.
14	Information technology	488,205.	-	452,463.	35,742.
15	Royalties				· · ·
16	Occupancy	241,493.		241,493.	
17	Travel	159,231.	15,453.	121,110.	22,668.
18	Payments of travel or entertainment expenses	,	.,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,494.		3,494.	
20		-, -, -, -, -, -, -, -, -, -, -, -, -, -		-,	
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	99,170.		99,170.	
22	. Г	280,940.		280,940.	
23 24	Other expenses. Itemize expenses not covered	200,010.		200,510.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	334,276.	5,476.	328,727.	73.
a b	RECRUITMENT	61,579.	20,205.	39,828.	1,546.
b	EDUCATION AND SEMINARS	10,244.	2,919.	7,325.	I, J40.
C.	LICENSES	3,780.	3,780.	1,545.	
d		1,440.	1,304.		136.
	All other expenses			7 726 126	
25	Total functional expenses. Add lines 1 through 24e	9,925,968.	1,734,870.	7,736,136.	454,962.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2016)
600010) 11-11-16				

Form 990 (2016)

	Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	<u></u>	L
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1	500.
2				2	464,394.
3	Pledges and grants receivable, net	L		3	
4				4	214,195.
5	Loans and other receivables from current and former officers, directors,				
	trustees, key employees, and highest compensated employees. Complete				
	Part II of Schedule L	L		5	
6	Loans and other receivables from other disqualified persons (as defined un	nder			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting			
	employers and sponsoring organizations of section 501(c)(9) voluntary				
	employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use	L		8	40,468.
9	Prepaid expenses and deferred charges			9	354,442.
10a					
	basis. Complete Part VI of Schedule D 10a 22, 537, 3	866.	_		
			0.	10c	21,112,185.
				11	
				12	
				13	
14				14	
15	Other assets. See Part IV, line 11				11,715,485.
16			0.		33,901,669.
17					1,207,724.
		······			
				21	
22					
	• • • • • • • • • • • • • • • • • • • •	······			
		······		24	
25					
			٥		963 630
					<u>863,620.</u> 2,071,344.
26			0.	26	2,071,344.
		and			
07	•			07	31,827,350.
					25.
					2,950.
29				29	2,550.
20				20	
	Total net assets or fund balances		0.	32 33	31,830,325.
33	ו טומו ווכי מספרט טו ועווע טמומוועכט	L	0.	55	33,901,669.
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 30 31 32	 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined ur section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 22,537,3 b Less: accumulated depreciation 10a 1,425,1 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustee key employees, highest compensated employees, and disqualified person 26 Total liabilities. Add lines 17 through 25 27 Order liabilities. Add lines 17 through 25 28 Order liabilities. Add lines 17 through 25 29 Premanently restricted net assets 29 Preparity restricted net assets 29 Premanently restricted net assets 29 Permane	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees sand sponsoring organizations of section 501(c)(9) voluntary employees sand sponsoring organizations of section 501(c)(9) voluntary employees is and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intargible assets 15 Other assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escorw or cu	I Cash - non-interest-bearing	I Cash - non-interest-bearing 1 1 Cash - non-interest-bearing 1 2 Sevings and temporary cash investments 2 1 Hedges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 4 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 9 Prepaid expenses and defered charges 9 10 Lard, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10 11 Investments - publicly traded securities 11 11 Investments - publicly traded securities 11 11 Investments - program related. See Part IV, line 11 12 11 Intargible assets. Add lines 1 through 15 flows through 24 0. 11 Intargible assets. Add lines 1 through 15 (must equal line 34)

Form **990** (2016)

Form 990 (2016) NATIONAL Part X Balance Sheet

Form	1990 (2016) NATIONAL LUTHERAN, INC.	47-2	584315	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,016		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,925	5,90	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,909),31	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,739	9,64	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31,830),32	25.
Pa	rt 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2016)

SCHEDULE A

(Form	990	or	990	-EZ)
-------	-----	----	-----	------

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open	to	Publi	c
Insr	her	ction	

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Intern	Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									
Nam	e of t	the organizatio	on							identification number
				ONAL LUTHE		47-2584315				
Pa	rt I	Reason f	or Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1		A church, con	vention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)(1)(A)(i).		
2					Attach Schedule E (Form					
3										
4	\square	•	•		njunction with a hospital)(iii). Enter	the hospital's name,
-		city, and state	-	·	, .				~ /	· ,
5		•		or the benefit of a co	llege or university owned	l or operat	ed bv a do	vernmental u	nit describe	ed in
-	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	\square		-	-	ntial part of its support fr				he general r	ublic described in
'		-		omplete Part II.)	Initial part of its support if	onna gove			ne general p	
0					(1)(A)(vi) (Complete Der	• 11 \				
8		-			(1)(A)(vi). (Complete Part		ad in aaniu	notion with a	land grant	
9		•			in section 170(b)(1)(A)(°,	•
		-	r a non-land-g	frant college of agric	ulture (see instructions).	Enter the	name, city,	, and state of	the college	or
10	X	university:		III	then 00 1/00/ of its own				h:	
10	Δ				than 33 1/3% of its supp					
					ct to certain exceptions,	. ,			••	•
					(less section 511 tax) fro	m busines	sses acquir	red by the or	ganization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sat	•				
12		-	-	-	ively for the benefit of, to	-			-	
				-	ed in section 509(a)(1) o					check the box in
		-	-	• •	f supporting organizatior				-	
а				-	upervised, or controlled	• • • •	-			
			•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
		organization	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A su	upporting org	anization supervised	l or controlled in connect	ion with it	s supporte	d organizatio	on(s), by hav	ing
		control or m	anagement o	f the supporting org	anization vested in the sa	ame perso	ns that cor	ntrol or mana	ge the supp	orted
		organization	n(s). You mus	t complete Part IV,	Sections A and C.					
С		_ Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functiona	lly integrate	d with,
		its supporte	d organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection w	rith its suppo	rted organiz	ation(s)
		that is not fu	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution req	uirement and	d an attentiv	reness
		requirement	: (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part V	V.		
е		Check this b	oox if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-functio	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number o	of supported o	organizations						
g	Prov	vide the followir	ng information	about the supporte	d organization(s).					
	((i) Name of suppo	rted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	1									

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL LUTHERAN, INC. Part II

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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,						
	a a luvra a (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
		(-) 2012	(h) 0010	(=) 2014	(4) 2015	(a) 2016	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3)	
<u></u>	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2016 (I		-			14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior				▶∟
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	publicly supported	d organization	-	▶□
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	n in Part VI how the	е
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-		• • • •		s ►

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL LUTHERAN, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")					15,655.	15,655.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					5000333.	5000333.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					5015988.	5015988.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons					4,750.	4,750.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b					4,750.	4,750.
	Public support. (Subtract line 7c from line 6.)						5011238.
Se	ction B. Total Support		1			-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6					5015988.	5015988.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					663.	663.
Ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					663.	663.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					5016651.	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiza	
0.0							X
	ction C. Computation of Public						
	Public support percentage for 2016 (15	%
<u>16</u>	Public support percentage from 2015 ction D. Computation of Invest					16	%
				10. a a luman (f)		47	
	Investment income percentage for 20					17	%
18						18	% Vis pot
198	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2015. If the	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	

Schedule A (Form 990 or 990-EZ) 2016

1

2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

3b	
3c	
4a	
41-	
4b	
4c	
_	
5a	
5b	
50 50	
50	
6	
_	
7	
8	
5	
9a	
9b	
9c	
102	
10a	
10b	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
•	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
2	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016

	Type III Non-Function				
Schedule A	(Form 990 or 990-EZ) 2016	NATIONAL	LUTHERAN,	INC.	

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1

Schedule A (Form 990 or 990-EZ) 2016 $$ $$ $$	NATIONAL	LUTHERAN,	INC
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	*
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	r		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u>b</u>	Fuer 0010			
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 NATIONAL LUTHERAN, INC.	47-2584315	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section (V, Section B, line 1e; Parl	C, t V,

~~		Supplement	- Einanaial Statamanta		OMB No. 1545-0047
			al Financial Statements		2016
(FOI	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at <u>www.irs.gov/fc</u>	orm990	Open to Public Inspection
	e of the organizati			Employer	identification number 7 – 2584315
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac		
	-	n answered "Yes" on Form 990, Part IV, lin			
		· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds (I	b) Funds and	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fund		
			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used or	2	
			r donor advisor, or for any other purpose conferri	•	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV,		Yes No
1		servation easements held by the organization			
•		n of land for public use (e.g., recreation or e		important la	nd area
		of natural habitat	Preservation of a certified his		
	—	n of open space			
2		• •	fied conservation contribution in the form of a con	nservation ea	asement on the last
	day of the tax yea	• •			at the End of the Tax Year
а	•			2a	
b	Total acreage rest			2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 8/17/06, and not on a historic structure		
	listed in the Natior	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during	the tax
	year 🕨				
4		where property subject to conservation eas			
5	-	tion have a written policy regarding the per			
-	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	during the year
-					
7	Amount of expense ► \$	ses incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation eas	ements dun	ng trie year
8		vation easement reported on line 2(d) abov	re satisfy the requirements of section 170(h)(4)(B)(i	i)	
Ŭ					Yes No
9			on easements in its revenue and expense stateme		
			tion's financial statements that describes the orga		
	conservation ease				
Pa	rt III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other Si	imilar Ass	ets.
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	-		SC 958), not to report in its revenue statement and		
		· · · · · · · · · · · · · · · · · · ·	nibition, education, or research in furtherance of p	oublic service	e, provide, in Part XIII,
		tnote to its financial statements that descri			
b	-		C 958), to report in its revenue statement and ba		
			ducation, or research in furtherance of public serv	lice, provide	the following amounts
	relating to these it			¢ ¢	
2	.,		asures, or other similar assets for financial gain, p		
£	0	unts required to be reported under SFAS 1			
а	•			▶ \$	
				► \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16 Schedule D (Form 990) 2016

		L LUTHERAN							84315	
Par	t III Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	easures, o	r Other	⁻ Simila	r Asset	s _{(continu}	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following tha	t are a sig	gnificant u	use of its o	collection it	ems
	(check all that apply):									
а	Public exhibition	c	d 🔄	Loan or exc	hange progr	ams				
b	Scholarly research	e	e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or oth	er similar	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•					_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F						ty?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.									
T ai	t V Endowment Funds. Complete								(-) [
4.	De sieu in a faire a balance	(a) Current year	(D) P	Prior year	(c) Two yea	ITS DACK	(a) Three y	years dack	(e) Four y	ears dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance Provide the estimated percentage of the curr	L)) hold as:					
2	Board designated or quasi-endowment		e (iirie rg %	j, column (a	jj neiu as.					
a b	Permanent endowment	%	70							
	Temporarily restricted endowment	, -								
U	The percentages on lines 2a, 2b, and 2c sho									
39	Are there endowment funds not in the posse		ation tha	t are held ar	nd administe	red for th	e organiz:	ation		
ou	by:						e organizi		5	res No
	(i) unrelated organizations									
	(ii) related organizations									<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investi	other	(b) Cost	t or other (other)	(c) A	ccumulate preciation		(d) Book	value
1a	Land		,		7,151.				8,357	,151.
	Buildings			- ,	,				,	,
	Leasehold improvements									
	Equipment			1,55	5,831.	1.4	425,1	81.	130	,650.
	Other				4,384.	, 	.,-		2,624	
	. Add lines 1a through 1e. (Column (d) must e		X. colum	-	-	•			21,112	
-										

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 NATIONAL LUTHERAN, IN(2.
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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) DUE FROM AFFILIATES	11,053,490.
(2) DEFERRED FINANCE COSTS	661,995.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	11,715,485.

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) DUE TO AFFILIATES	863,620.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 000 Port V col (D) line 25)	▶ 863 620.

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

Sche	edule D (Form 990) 2016 NATIONAL LUTHERAN, INC.			4	7-2	2584315	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue p				
	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	41,755	,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d	36,739,	237.			
е	Add lines 2a through 2d				2e	36,739	
3	Subtract line 2e from line 1				3	5,016	<u>,651.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	. 4b					
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	5,016	651
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						,051.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses				,051.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses			1.	
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses	s per Re		1.	,563.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses	s per Re	turr	1.	
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents W	ith Expenses	s per Re	turr	1.	
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses	s per Re	turr	1.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 	ith Expenses	s per Re	turr	1.	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W 	ith Expenses	s per Re	turr	1.	
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W 2a 2b 2c 2d	ith Expenses	s per Re	turr	n. 9,925	<u>,563.</u> 0.
Pa 1 2 a b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	ith Expenses	s per Re	1	1.	<u>,563.</u> 0.
Pa 1 2 a b c d e	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses	s per Re	1 2e	n. 9,925	<u>,563.</u> 0.
Pa 1 2 b c d 3	Tt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents W 2a 2b 2c 2d	ith Expenses	s per Re	1 2e	n. 9,925	<u>,563.</u> 0.
Pa 1 2 3 4	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W 2a 2b 2c 2d	ith Expenses	s per Re	1 2e	n. 9,925	<u>,563.</u> 0. ,563.
Pa 1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents W 2a 2b 2c 2d 4a 4b	ith Expenses	<u>405.</u>	1 2e	n. 9,925 9,925	,563. 0. ,563. 405.
Pa 1 2 a b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses	<u>405.</u>	1 2e 3	n. 9,925	,563. 0. ,563. 405.

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 X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A
RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON
EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX
UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT
DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION
THRESHOLD IN 2016 AND 2015.
PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET ASSET TRANSFERS

INVESTMENT FEES

TOTAL TO SCHEDULE D, PART XI, LINE 2D

36,739,237.

36,739,642.

-405.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016		LUTHERAN,	INC.
Part XIII Supplemental Info	mation (continue	ad)	

Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES	405.

SCHEDULE I		G	rants and Oth	ner Assistand	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		Gov	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2016
Department of the Treasury Internal Revenue Service			-	Attach to Form				Open to Public
		Information	on about Schedule I	(Form 990) and its	instructions is at	www.irs.gov/form99	<u>0.</u>	Inspection
Name of the organization	NATIONAL 1	LUTHERAN,	INC.					Employer identification number 47-2584315
Part I General Inform	nation on Grants ar	nd Assistance						
1 Does the organization	n maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award	the grants or assist	tance?						X Yes No
2 Describe in Part IV th	e organization's pro	cedures for monite	oring the use of grant	funds in the United	States.			
			ations and Domestic be duplicated if additi			anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addres or governr	v	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								TO PROVIDE RESIDENTIAL
AUGUSTA HEALTH FOUNDA	ATION							HOSPICE CARE FOR LOW
78 MEDICAL CENTER DRI	IVE							INCOME OLDER ADULTS IN
FISHERSVILLE, VA 2293	39	54-2042365	501 (C)(3)	15,000.	0.			THE STAUNTON AREA
								TO PROVIDE SUPPLEMENTAL
BLUE RIDGE HOSPICE								FUNDING FOR HOSPICE
333 WEST CORK STREET,	SUITE 405							SERVICES FOR LOW INCOME
WINCHESTER, VA 22601		54-1126227	501 (C)(3)	15,000.	0.			OLDER ADULTS
CALTHOLIC CHARITIES C	OF THE							TO PROVIDE HEALTHY, FRESH
ARCHDIOCESE OF WASHIN	IGTON, INC							AND NUTRITIOUS FOOD TO
924 G STREET, NW - WA	ASHINGTON, DC							RESIDENTS IN LOW-INCOME
20001		53-0196524	501 (C)(3)	13,000.	0.			SENIOR HOUSING
COLONIAL HERITAGE COM	IMUNITY							TO PROVIDE NON-MEDICAL
FOUNDATION, INC C/	O OUR							DAY SERVICES TO OLDER
SAVIOUR'S LUTHERAN CH	IURCH,							ADULTS AND THEIR
RICHMOND ROAD - NORGE	E, VA 23127	27 - 0883584	501 (C)(3)	15,000.	0.			CAREGIVERS
COMMUNITY MINISTRIES	OF							
ROCKVILLE'S ELDERLY N	AINISTRIES							TO PROVIDE A VARIETY OF
PROGRAM - 1010 GRANDI	IN AVENUE,							IN-HOME SERVICES TO OLDER
SUITE A1 - ROCKVILLE	MD 20851	52 - 0910334	501 (C)(3)	10,000.	0.			ADULTS
								TO PROVIDE FOOD
CROSSROADS COMMUNITY	FOOD NETWORK							ASSISTANCE AND SOCIAL
6930 CARROLL AVENUE,	SUITE 426							ENGAGEMENT FOR OLDER
TACOMA PARK, MD 20912	2	36-4635237	501 (C)(3)	7,500.	0.			ADULTS
2 Enter total number of	section 501(c)(3) ar	nd government org	anizations listed in th	e line 1 table				18.
3 Enter total number of	other organizations	listed in the line 1	table					
LHA For Paperwork Red	luction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)

NATIONAL LUTHERAN, INC.

Schedule I (Form 990) NATIONAL I	LUTHERAN,	INC.				4	7-2584315 Page
Part II Continuation of Grants and Other A	ssistance to Go	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUBSIDIZED
DIAKON ADULT DAY SERVICES AT							MEDICAL DAY CARE
RAVENWOOD - 1109 LUTHER DRIVE -							SERVICES, INCLUDING
HAGERSTOWN, MD 21740	46-5390969	501 (C)(3)	7,000.	0.			OT/PT, AND SPEECH THERAPY
GRACEINSIDE							TO PROVIDE CHAPLAINCY
2828 EMERYWOOD PARKWAY							SERVICES FOR OLDER ADULTS
RICHMOND, VA 23294	54-0542300	501 (C)(3)	15,000.	0.			WHO ARE INCARCERATED
JEWISH COUNCIL FOR THE AGING OF							TO PROVIDE SOCIAL DAY
GREATER WASHINGTON, INC 12320							SERVICES FOR PERSONS IN
PARKLAWN DRIVE - ROCKVILLE, MD							THE EARLIEST STAGES OF
20852	52-0983740	501 (C)(3)	10,000.	٥.			DEMENTIA
JEWISH SOCIAL SERVICE AGENCY							
200 WOOD HILL ROAD							TO PROVIDE SERVICES TO
ROCKVILLE, MD 20850	53-0196598	501 (C)(3)	7,500.	0.			COMBAT SOCIAL ISOLATION
LUTHERAN COMMUNITY SERVICES, INC.							
2809 BAYNARD BLVD.							TO PROVIDE IN HOME
WILMINGTON, DE 19802	51-0102403	501 (C)(3)	15,000.	0.			REPAIRS FOR OLDER ADULTS
MENTAL HEALTH AMERICA OF							
FREDERICKSBURG - 2217 PRINCESS							TO PROVIDE FUNDING FOR
ANNE, 104-1 - FREDERICKSBURG, VA							THE SENIOR VISITORS
22401	54-0678704	501 (C)(3)	10,000.	0.			PROGRAM
DENTROLLY AND ATEN							TO PROVIDE FUNDING FOR AT
PENINSULA AGENCY ON AGING, INC.							LEAST 15 WORKSHOPS ON
739 THIMBLE SHOALS BLVD, SUITE 1006	51 0151060		10.000				CHRONIC DISEASE
NEWPORT NEWS, VA 23606	51-0151069	501 (C)(3)	10,000.	0.			MANAGEMENT
RAPPAHANNOCK RAPIDAN COMMUNITY							TO EXPAND THE PROVISION
SERVICES - 15361 BRADFORD ROAD -							OF CHRONIC DISEASE
CULPEPPER, VA 22701	23-7238218	501 (C)(3)	7,500.	0.			MANAGEMENT WORKSHOPS
SENIOR SERVICES OF SOUTHEASTERN							
VIRGINIA - 6359 CENTER DRIVE,							
BUILDING S, SUITE 101 - NORFOLK,							TO PILOT A SENIOR FITNES:
VA 23502	54-6069786	501 (C)(3)	12,500.	٥.			PROGRAM, ENHANCEFITNESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH VALLEY LUTHERAN							
MINISTRIES/SHENANDOAH COUNTY							TO PROVIDE PARISH NURSING
HEALTH MINISTRY COA - BOX 132 -							SERVICES TO MEMBERS OF A
TOMS BROOK, VA 22660	27-1675977	501 (C)(3)	20,000.	0.			VARIETY OF CONGREGATIONS
SILVER SPRING VILLAGE, INC.							TO PROVIDE SUPPORT FOR
8505 SPRINGVALE ROAD							THE ACTIVITIES OF A NORC
SILVER SPRING, MD 20907	46-0723926	501(C)(3)	7,500.	0.			OF 1800 OLDER ADULTS
SHVER STRING, MD 2000,	40 0723520	501 (0/(5/	7,500.				TO PROVIDE TRANSPORTATION
VALLEY PROGRAM FOR AGING SERVICES							SERVICES TO OLDER ADULTS
325 PINE AVENUE							IN RURAL AUGUSTA AND
WAYNESBORO, VA 22980	54-0958526	501 (C)(3)	11,000.	0.			ROCKINGHAM COUNTIES
WE ARE FAMILY SENIOR OUTREACH							TO PROVIDE FOOD
NETWORK - 1525 NEWTON ST. NW -							ASSISTANCE TO LOW INCOME
WASHINGTON, DC 20010	47-3658009	501 (C)(3)	5,000.	0.			SENIORS
ST. PAUL'S LUTHERAN CHURCH							TO EXPAND THE SERVICES
4900 CONNECTICUT AVE NW							CURRENTLY PROVIDED
WASHINGTON, DC 20008	53-0196496	501 (C)(3)	5,000.	0.			THROUGH ITS SENIOR CENTER
SHENANDOAH AREA AGENCY ON AGING							TO MAKE ITS PROGRAM OF
207 MOSBY LN							CHRONIC DISEASE
FRONT ROYAL , VA 22630	54-1008875	501 (C)(3)	5,000.	0.			MANAGEMENT SUSTAINABLE
GRACE NETWORK							
433 COMMONWEALTH BLVD E #2							TO PROVIDE EMERGENCY
MARTINSVILLE, VA 24112	20-3111703	501 (C)(3)	5,000.	0.			FINANCIAL SERVICES
	20 5111/05	301 (0)(3)	5,000.				
HOSPICE CARING, INC.							TO PROVIDE CAREGIVERS FOF
518 S FREDERICK AVE							10 OLDER TERMINALLY-ILL
GAITHERSBURG, MD 20877	52-1591455	501 (C)(3)	5,000.	0.			ADULTS
MENTAL HEALTH ASSOCIATION							
1000 TWINBROOK PKWY							TO PROVIDE FUNDING FOR
ROCKVILLE, MD 20851	52-0681147	501 (C)(3)	5,000.	Ο.		1	VOLUNTEER RETRUITMENT

Schedule I (Form 990)

Schedule I (Form 990) NATIONAL LUTHERAN, INC.

Part II Continuation of Grants and Othe	er Assistance to Go	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPARAISO 600 CHAPEL DRIVE							FOR SUPPORT OF CAPS
ALPARAISO, IN 46383		501 (C)(3)	5,000.	0.			PROGRAM
,			,				

Schedule I (Form 990)

Schedule I (Form 990) (2016)

NATIONAL LUTHERAN, INC.

Page 2

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
Dert IV Supplemental Information Dravide the information re	uirad in Dart I lin		(b); and any other as	l	1

Part IV Supplemental Information. Provide the information required in Part 1, line 2; Part III, column (b); and any other additional information

PART I, LINE 2:

ALL GRANTEES ARE REQUIRED TO AGREE TO THE TERMS & CONDITIONS WHICH SPECIFY

THAT A REPRESENTATIVE OF NLCS MAY INSPECT THE BOOKS AND RECORDS OF THE

GRANTEE AS RELATED TO THE GRANT. ALL GRANTEES COMPLETE AN END OF YEAR

REPORT, WHICH INCLUDES A FINANCIAL RECONCILIATION OF AMOUNT AWARDED AND

AMOUNTS SPENT, INCLUDING THE PURPOSES FOR WHICH GRANT MONIES WERE EXPENDED.

GRANTEES RECEIVING MORE THAN \$5,000 RECEIVE THE FIRST HALF OF THE AWARD

UPON RECEIPT OF THE SIGNED TERMS & CONDITIONS; THE SECOND PAYMENT IS MADE

FOLLOWING RECEIPT OF A MID-YEAR REPORT, WHICH INCLUDES INFORMATION AS TO

Schedule I (Form 990) NATIONAL LUTHERAN, INC. 47-2584315 Page 2 Part IV Supplemental Information
THE EXPENDITURE OF FUNDS AND PURPOSES OF SUCH EXPENDITURES. FINALLY, ALL
GRANTEES, REGARDLESS OF THE SIZE OF THE GRANT, ARE VISITED DURING THE GRANT
PERIOD BY A MEMBER OF THE NLCS STAFF AND, AT TIMES, MEMBERS OF THE
COMMUNITY IMPACT ADVISORY COUNCIL (CIAC), THE GROUP GRANTED AUTHORITY BY
THE BOARD OF TRUSTEES TO AWARD THE GRANTS. ANY FUNDS REMAINING AT THE END
OF THE GRANT PERIOD MUST EITHER BY RETURNED TO NLCS OR MAY BE SPENT DOWN IN
ACCORDING TO A SPEND DOWN PLAN APPROVED BY THE CIAC.

SCI	HEDULE J	Compensation Informatio	on	OMB No. 1	545-004	7
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employee	es, and Highest	20	16	
		Compensated Employees Complete if the organization answered "Yes" on Form 99	0 Port IV line 22	20	10	
Depar	tment of the Treasury	Attach to Form 990.	J, Fait IV, iiie 23.	Open to		с
Interna	al Revenue Service	Information about Schedule J (Form 990) and its instructions is		Inspe		
Nam	e of the organizatio		Employer i			nber
Pa		NATIONAL LUTHERAN, INC. s Regarding Compensation	4/-2	58431	2	
Fa		s Regarding Compensation			<u>v</u>	
4-			waan listad on Farma 000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a per line 1a. Complete Part III to provide any relevant information regarding th				
	First-class or c		residence for personal use			
	Travel for com		s use of personal residence			
		cation and gross-up payments Health or social club d	•			
	_		ch as, maid, chauffeur, chef)			
	,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regard	ing payment or			
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part II	I to explain	1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurre	d by all directors,			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on	ı line 1a?	2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensa	tion of the organization's			
		ector. Check all that apply. Do not check any boxes for methods used by	a related organization to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatior					
		compensation consultant	-			
	X Form 990 of o	ther organizations	or compensation committee			
4	During the year dia	any person listed on Form 000. Part VII. Section A line 1a with respect	to the filing			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect	to the ming			
а	organization or a re			4a		Х
		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
Ū		nes 4a-c, list the persons and provide the applicable amounts for each iter				
	·····, ····,	······································				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accru	ue any compensation			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accru	le any compensation			
	contingent on the r	0				
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any			v	
		nes 5 and 6? If "Yes," describe in Part III		7	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract th				v
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		8		X
9		id the organization also follow the rebuttable presumption procedure des				
		n 53.4958-6(c)?			. 000	0010
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Form	1 990)	2016

47-2584315

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LAWRENCE BRADSHAW	(i)	350,900.	33,495.	0.	19,018.	8,966.	412,379.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL BRADY	(i)	197,996.	10,800.	0.	11,651.	13,613.	234,060.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAMILLE ROUSSEL	(i)	172,000.	11,362.	0.	10,320.	13,613.	207,295.	0.
CHIEF QUALITY & PERFORMANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL LOOK	(i)	217,485.	12,672.	0.	16,049.	9,807.	256,013.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAE SHIN	(i)	140,025.	4,000.	0.	4,900.	13,613.	162,538.	0.
DIR., INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHRYN BAERWALD	(i)	175,615.	10,860.	0.	13,537.	10,263.	210,275.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

BONUSES ARE DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

AND ARE BASED ON A VARIETY OF FACTORS SUCH AS WHETHER CAMPUS BUDGETS ARE

MET, HOW EACH CAMPUS DOES ON ITS RESPECTIVE NURSING/HEALTH CARE SURVEY AND

HOW EACH SENIOR LEADER DOES IN OBTAINING HIS OR HER GOALS FOR THE YEAR.

Schedule J (Form 990) 2016

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



Employer identification number

47-2584315

NATIONAL LUTHERAN, INC.

FORM 990, PART I, DOING BUSINESS AS:

NATIONAL LUTHERAN COMMUNITIES & SERVICES

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

THE CFO AND PRESIDENT PERFORM AN INITIAL REVIEW OF THE FORM 990. UPON

APPROVAL, THE FORM 990 IS MADE AVAILABLE TO EACH BOARD MEMBER FOR REVIEW

AND APPROVAL AT A BOARD MEETING PRIOR TO TRANSMISSION OF THE RETURN TO THE

IRS.

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

BOARD MEMBERS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR. IF A CONFLICT IS IDENTIFIED, IT IS 1) IDENTIFIED AND DISCUSSED WITH THE BOARD AND 2) REVIEWED AND DOCUMENTED BY MANAGEMENT. IF AN ACTUAL OR POTENTIAL CONFLICT IS IDENTIFIED, THE BOARD MEMBER, OFFICER, OR EMPLOYEE WILL RECUSE HIM OR HERSELF FROM ANY CONVERSATIONS, DECISIONS, OR OTHER ACTIVITIES AND DISCUSSIONS INVOLVING THE CONFLICT. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE CONFLICT OF INTEREST POLICY AS POTENTIAL SOURCES OF CONFLICTS WITH INTERESTED PERSONS.

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

THE BOARD DETERMINES THE COMPENSATION FOR THE CEO THROUGH THE COMBINED USE OF SEVERAL METHODS. THE EXECUTIVE COMMITTEE SERVES AS A COMPENSATION COMMITTEE WHICH OVERSEES THE PROCESS. COMPENSATION SURVEYS ARE PERFORMED BY AN OUTSIDE HR CONSULTING FIRM, PRM, USING LOCAL MARKET DATA. THE CEO, EXECUTIVE DIRECTOR, AND DIRECTOR OF HUMAN RESOURCES USE SALARY SURVEYS TO DETERMINE THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES TO ENSURE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

SCH	EDULE	R

(Form 990)

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.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NATIONAL LUTHERAN, INC.

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
COMMUNITY SERVICES LLC - 37-1843616					
2301 RESEARCH BLVD., STE. 310					
ROCKVILLE, MD 20850	PROJECT MANAGEMENT	MARYLAND	-1,051,669.	146,732.	
MYPOTENTIAL MD - 81-2686381					
2301 RESEARCH BLVD., STE. 310					
ROCKVILLE, MD 20850	HEALTH CLINIC	MARYLAND	-80,395.	73,360.	COMMUNITY SERVICES, LLC
MYPOTENTIAL VA - 47-4102828					
2301 RESEARCH BLVD., STE. 310	7				
ROCKVILLE, MD 20850	HEALTH CLINIC	VIRGINIA	-971,274.	73,372.	COMMUNITY SERVICES, LLC
	-				

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE VILLAGE AT ORCHARD RIDGE, INC							
26-3445374, 400 CLOCKTOWER RIDGE DRIVE,	CONTINUTING CARE				NATIONAL		
WINCHESTER, VA 22603	RETIREMENT COMMUNITY	VIRGINIA	501(C)(3)	LINE 10	LUTHERAN, INC.	Х	
THE VILLAGE AT ROCKVILLE, INC 53-0196624							
9701 VEIRS DRIVE	CONTINUTING CARE				NATIONAL		
ROCKVILLE, MD 20850	RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	LINE 10	LUTHERAN, INC.	Х	
THE LEGACY AT NORTH AUGUSTA, INC							
45-2857307, 1410 A NORTH AUGUSTA STREET,	CONTINUTING CARE				NATIONAL		
STAUNTON, VA 24401	RETIREMENT COMMUNITY	VIRGINIA	501(C)(3)	LINE 10	LUTHERAN, INC.	X	
THE VILLAGE AT CRYSTAL SPRING, INC							
45-4024593, 2301 RESEARCH BLVD, ROCKVILLE,	CONTINUTING CARE				NATIONAL		
MD 20850	RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	LINE 10	LUTHERAN, INC.	Х	

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number 47 - 2584315

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	cont	g) 512(b)(13) rolled zation?
NATIONAL LUTHERAN HOME FOR THE AGED, INC 26-2222476, 2301 RESEARCH BLVD, ROCKVILLE,	_				NATIONAL	Yes	NO
MD 20850	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)		LUTHERAN, INC.	X	<u> </u>
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NATIONAL LUTHERAN, INC. Schedule R (Form 990) 2016

47-2584315 Page 2

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

	······································											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percei ^{ing} owne	entage ership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	-											
											_	
	-											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
								<u> </u>	<u> </u>
									<u> </u>

Schedule R (Form 990) 2016 NATIONAL LUTHERAN, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	
b Gift, grant, or capital contribution to related organization(s)		,	
c Gift, grant, or capital contribution from related organization(s)		;	
d Loans or loan guarantees to or for related organization(s)		ı X	
e Loans or loan guarantees by related organization(s)		X	:
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g	j	
h Purchase of assets from related organization(s)		I	
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
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)		1	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1	
o Sharing of paid employees with related organization(s)) X	:
p Reimbursement paid to related organization(s) for expenses		,	
q Reimbursement paid by related organization(s) for expenses			_
r Other transfer of cash or property to related organization(s)	1r		
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) THE VILLAGE AT ROCKVILLE, INC.	D	9,082,820.	Cost
(2) THE LEGACY AT NORTH AUGUSTA, INC.	D	7,199,460.	соят
(3) THE VILLAGE AT ORCHARD RIDGE, INC.	D	9,843,062.	соят
(4) THE VILLAGE AT ROCKVILLE, INC.	Е	58,545.	соят
(5) THE VILLAGE AT ORCHARD RIDGE, INC.	Е	386,627.	соят
(6) NATIONAL LUTHERAN HOME FOR THE AGED, INC.	Е	15,483,364.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)THE VILLAGE AT ROCKVILLE, INC.	L	2,197,157.	Cost
(8)THE VILLAGE AT ORCHARD RIDGE, INC.	L	874,682.	соѕт
(9)THE LEGACY AT NORTH AUGUSTA, INC.	L	426,293.	соят
(10)THE VILLAGE AT ROCKVILLE, INC.	0	121,207.	соят
(11)THE VILLAGE AT ORCHARD RIDGE, INC.	0	121,207.	соят
(12)THE LEGACY AT NORTH AUGUSTA, INC. NATIONAL LUTHERAN HOME FOR THE AGED, INC.	0	121,207.	соят
(13)	S	36,739,642.	соят
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2016 NATIONAL LUTHERAN, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Dispro tion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
	-									

Schedule R (Form 990) 2016

NATIONAL LUTHERAN, INC.

t VII	Sup	plemental	Information.
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Provide additional information for responses to questions on Schedule R. See instructions.