Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax (nder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| Number and street (or P 0 box of mast so of delivered to street address)   Room/Sulf   E Telephone number   218 + 998 - 1400    | 4        | A F           | or the            | 2017 calendar year, or tax year beginning MAY $1$ , $2017$ and $0$   | ending A                               | PR 30, 2018                  |                             |
|--|----------|---------------|-------------------|--|--|------------------------------|-----------------------------|
| DOMPS   Contributions and grants (Part VIII, Inc. 1th)   Column (A), Inne 5, 3, 4, and 120   Contributions and grants (Part VIII, Inc. 1th)   Column (A), Inne 5, 3, 4, and 120   Contributions and grants (Part VIII, Inc. 1th)   Contributions and grants (Part VIII, Inc. 1th)   Contributions and grants (Part VIII, Inc. 1th)   Column (A), Inne 5, 10   Contributions and grants (Part VIII, Inc. 1th)   Column (A), Inne 5, 10   Column (A), Inne 5,    | 7        | Cr<br>ap      | neck if           | C Name of organization   | !                                      | D Employer identific         | cation number               |
| Constitutions and grants (or P 0 box if mails not delivered to street address)   Room/sult   E Telephone number  | Õ        |               | Address<br>change | LUTHERAN BRETHREN WOODLAND LODGE INC   | i                                      |                              |                             |
| Number and street (or P 0 but of main is not delivered to street address)   Room/Sute   E Telephonen number   218 - 998 - 1400   S C RANNING   S C RANNING   City or forwing, state or province, country, and 2/P or foreign postal code   FERGUS FALLS, MN   565 3.7   FOR STATE   SAME AS C ABOVE   SAME   | Ś        | $\Box$        | Name              |  |  | 45-3                         | 342446                      |
| Section   Sect   |          |               | Initial           | Number and street (or P 0 box if mail is not delivered to street address)  | Room/suite                             | E Telephone number           |                             |
| City or town, state or province, country, and 2/P or foreign postal code   G. diseasesess   147685.  | 궄        |               | Final<br>return/  | · ·  |  | 218-                         | 998-1400                    |
| FERGUS FALLS, MN 56537   | ñ        |               | termin-           |  |  | G Gross receipts \$          | 1417685.                    |
| Frame and address of principal officer LELAND L ROGNESS   For subordinates?   Frame and address of principal officer LELAND L ROGNESS   SAME AS C ABOVE   SOLON   Take exempt status   X  501(c)(3)   501(c)(1)   (Insert no.)   4947(a)(1)   2727   273   274     | =        |               |                   |  |  | H(a) Is this a group re      | turn                        |
| Tax exerment status   Solicio   So   | ス        |               | Jtion             | F Name and address of philicipal officer DEDAMD D ROCKEDS  |  | for subordinates             | ? Yes X No                  |
| Vest   NA  |          |               | pending           | SAME AS C ABOVE  | $\sim 2$                               | H(b) Are all subordinates in | cluded? Yes No              |
| Part   Summary   | $\leq$   | LT            | ax-exer           | npt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c  | 3-12-3-27                              | If "No," attach a            | list. (see instructions)    |
| Part I   Summary   |          |               |                   |  |  | H(c) Group exemption         | n number <b>▶</b> 8016      |
| 1 Briefly describe the organization's mission or most significant activities ASSISITED LIVING AND HOSPICE CARE FACTLITY FOR THE ELDERTY AND DISABLED.  CARE FACTLITY FOR THE ELDERTY AND DISABLED.  CARE FACTLITY FOR THE ELDERTY AND DISABLED.  CHOCK this box by Lift the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 0 0  5 Total number of independent voting members of the governing body (Part VI, line 1a)  5 Cotal number of voting members of the governing body (Part VI, line 2a)  6 Total number of independent voting members of the governing body (Part VI, line 2a)  6 Total number of vobuntiers (sestimate if necessary)  7 Total number of vobuntiers (sestimate if necessary)  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Other revenue (Part VIII, line 1h)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 27, OGDEN, UT  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  12 Total revenue and lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and smillar amounts pard (Part IX, column (A), lines 1)  14 Benefits paid to or for members (Part IX, column (A), lines 1)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 15-10)  16 BrOtessonal fundraising dees (Part IX, column (A), line 11)  17 Other expenses (Part IX, column (A), lines 11)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Total fundraising expenses Part IX, column (A), line 12)  10 Total fundraising expenses Part IX, column (A), line 15-10  10 Total fundraising expenses Part IX, column (A), line 15-10  10 Total fundraising expenses Part IX, column (A), line 15-10  10 Total fundraising expenses Part IX, column (A), line 15-10  10 Total fundraising expenses Part IX, column (A), line 15-10  10 Total fundraising expenses Part IX |          |               |                   |  | L Year                                 | of formation: 2011 N         | State of legal domicile: MN |
| CARE FACILITY FOR THE ELDERLY AND DISABLED.  Check this box  | 4.       | Pa            |                   |  |  | <del> </del>                 | <del></del>                 |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>5</b> | e l           |                   | · · · · · · · · · · · · · · · · · · ·  |  | LIVING AND                   | HOSPICE                     |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 3        | aŭ            | _                 |  | •                                      |                              |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | er.           |                   |  | sed of more                            |                              | _                           |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | န္တ           |                   |  |  |                              |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | <u>ه</u>      |                   |  |  | <del></del>                  |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | ies           |                   |  |  | <del>- 1</del>               |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | ا <u>چ</u> َ. | 6 T               | otal number of volunteers (estimate if necessary)  | $\overline{}$                          | <del></del>                  |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | \$            | 7 a ⊺             | otal unrelated business revenue from Part VIII, column (C) line 120 LIV LL   | 70                                     | <del></del>                  |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 3        |               | bΛ                | Link to the second seco |  |                              |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 5        | $\leq$        |                   | im i   | S                                      |                              |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | Ī        | Tŝ            |                   | contributions and grants (Part VIII, line In)  |  |                              |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | (        | -kel          | 9 P               | orgram service revenue (Part VIII, inne 29)  | '                                      |                              |                             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | -        | F#            | 10 17             | Nestment income (Part VIII, column (A), lines 5, 4, and (a)  | ······································ | <del></del>                  |                             |
| 13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  P | Ċ        | מׁ            |                   |  |  |                              |                             |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name PILARSKI SINKEL HANKES, L  Preparer Use Only Firm's address S 5100 EDEN AVE S STE 304 Phone no.952-929-2580 May the IRS discuss this return with the preparer shown above? (see instructions)  | F        | -             |                   |  |  |                              |                             |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (D), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name PILARSKI SINKEL HANKES, I Preparer Vise Only Firm's address 5100 EDEN AVE S STE 304 EDINA, MN 55436  Phone no.952-929-2580  May the IRS discuss this return with the preparer shown above? (see instructions)  |          |               |                   |  |  |                              |                             |
| Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  1564580. 1589781.  19 Revenue less expenses Subtract line 18 from line 12  | 7        | າ ∣           |                   |  |  | <del></del>                  |                             |
| Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  1564580. 1589781.  19 Revenue less expenses Subtract line 18 from line 12  | 2        | ije           |                   |  |  |                              |                             |
| Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  1564580. 1589781.  19 Revenue less expenses Subtract line 18 from line 12  |          | per           |                   |  | 0.                                     |                              | <del> </del>                |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  Print/Type preparer's name  PILLARSKI SINKEL HANKES, L  Preparer  Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  1564580.  1589781.  -276659172096.  Beginning of Current Year  End of Year  3613443. 3468736.  44872408737971045893.  Date  Date  Date  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  PILLARSKI SINKEL & HANKES LTD  Firm's address  5100 EDEN AVE S STE 304  EDINA, MN 55436  Phone no.952-929-2580  |          | ŭ.            |                   |  |  | 625869.                      | 706015.                     |
| 19   Revenue less expenses Subtract line 18 from line 12   -276659.   -172096.   |          |               |                   |  | _                                      |                              |                             |
| Beginning of Current Year   End of Year   3613443. 3468736.  |          |               |                   |  |  |                              | -172096.                    |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Signature of officer  | -        | ces<br>ces    |                   |  | Ве                                     | ginning of Current Year      | End of Year                 |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Signature of officer  | -        | alan          | 20 T              | otal assets (Part X, line 16)  |  | 3613443.                     | 3468736.                    |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Signature of officer  |          | d BB          | 21 T              | otal liabilities (Part X, line 26)   |  | 4487240.                     | <u>4514629.</u>             |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Date    | :        |               |                   |  |  | -873797.                     | <u>-1045893.</u>            |
| Sign Here    Signature of officer  | Į        |               |                   |  |  |                              |                             |
| Sign Here    Signature of officer   Date   D |          |               |                   | · · · ·  |  |                              | knowledge and belief, it is |
| Here  LELAND L ROGNESS, CHAIRMAN  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  PILARSKI SINKEL HANKES, L  Preparer  Firm's name  PILARSKI SINKEL & HANKES LTD  Firm's EIN  41-1570907  Use Only  Firm's address  5100 EDEN AVE S STE 304  EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No   | !        | true,         | correct,          | and complete Declaration of preparer (other than officer) is based on all information of wh  | nch preparer                           | has any knowledge.           |                             |
| Here  LELAND L ROGNESS, CHAIRMAN  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  PILARSKI SINKEL HANKES, L  Preparer  Firm's name  PILARSKI SINKEL & HANKES LTD  Firm's EIN  41-1570907  Use Only  Firm's address  5100 EDEN AVE S STE 304  EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No   |          |               |                   | Constitute of afficer  | 011                                    | Data                         |                             |
| Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  PILARSKI SINKEL HANKES, L  Preparer  Firm's name  PILARSKI SINKEL & HANKES LTD  Firm's address  5100 EDEN AVE S STE 304  EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)  Date  10/27/18 self-employed P01228852  Firm's EIN  41-1570907  Phone no.952-929-2580   |          | _             |                   | S ela del  | Uhlen.                                 |                              | 18                          |
| Print/Type preparer's name  Print/Type preparer's name  Preparer   Print/Type preparer's name  Preparer   Print/Type preparer's name  Preparer   Print/Type preparer's name  Preparer's signature   Date   Print/Type preparer   Preparer's signature   Print/Type preparer   Print/Type preparer's name  Print/Type preparer's name  Preparer's signature   Date   Print/Type preparer   Print/Type preparer's signature   Print/Type preparer   Print/Type pre | ١        | Here          | •                 | BELIAND I ROGNESS, CHAIRMAN  | 7-7                                    |                              |                             |
| Paid PILARSKI SINKEL HANKES, L  Preparer Use Only Firm's address 5100 EDEN AVE S STE 304  EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)   | -        |               |                   |  |  | )ate Check                   | PTIN                        |
| Preparer Use Only Use Only Firm's address 5100 EDEN AVE S STE 304 EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)  Firm's EIN 41-1570907 Phone no.952-929-2580  |          | ر a           |                   |  | 1011                                   | _                            | <b>-</b>                    |
| Use Only Firm's address 5100 EDEN AVE S STE 304 EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No   |          |               |                   |  | <u> </u>                               |                              | -                           |
| EDINA, MN 55436  May the IRS discuss this return with the preparer shown above? (see instructions)  Phone no.952-929-2580  X Yes No  |          | •             | <b>-</b>          |  | <del> –</del>                          | FILITI S EIN                 |                             |
| May the IRS discuss this return with the preparer shown above? (see instructions)  | ,        | U36 (         | Jilly             |  |  | Phone no Q 5                 | 2-929-2580                  |
| 000  |          | May           | the IP            |  |  |                              |                             |
|  |          |               |                   |  | ons.                                   |                              | Form <b>990</b> (2017)      |

|    |   | BRETHREN WOODLAND LOI                     | OGE INC 45-3                          | 342446 Page 2          |
|----|---|---|---------------------------------------|------------------------|
| Pa |   |   |                                       | Г— <u>—</u>            |
| 1  | Check if Schedule O contains a respo<br>Briefly describe the organization's mission       | hse or note to any line in this Part III  | · · · · · · · · · · · · · · · · · · · |                        |
| '  | AN ASSISTIED LIVING AN  | D HOSPICE CARE FACIL                      | ITY.                                  |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
| 2  | Did the organization undertake any significa  | nt program services during the year which | n were not listed on the              |                        |
|    | prior Form 990 or 990 EZ?   |   |                                       | Yes X No               |
|    | If "Yes," describe these new services on Sc   |   |                                       |                        |
| 3  | Did the organization cease conducting, or m   |   | ts, any program services?             | Yes X No               |
|    | If "Yes," describe these changes on Schedu<br>Describe the organization's program service |   | racet program convoce, as mossures    | I by avnances          |
| 4  | Section 501(c)(3) and 501(c)(4) organization  |   |                                       |                        |
|    | revenue, if any, for each program service rei   | ported.                                   |                                       |                        |
| 4a | (Code) (Expenses \$12   | 55634 • including grants of \$            | ) (Revenue \$                         | 1417675.)              |
|    |   |   |                                       |                        |
|    |   |   | <del></del>                           |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       | <del></del>            |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       | <del></del>            |
|    |   |   |                                       | ·                      |
|    |   |   |                                       | ···                    |
| 4b | (Code) (Expenses \$   | including grants of \$                    | ) (Revenue \$                         | )                      |
|    | (6646 ) (Expanses ©   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
| 4c | (Code) (Expenses \$   |   | ) /December 9                         |                        |
| 40 | (Code) (Expenses \$   | including grants of \$                    | / (Nevenue 5                          | /                      |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   | <del></del>                               |                                       |                        |
|    |   |   | <del></del>                           |                        |
|    |   |   |                                       |                        |
|    |   |   |                                       |                        |
|    |   |   | · · · · · · · · · · · · · · · · · · · |                        |
|    |   |   |                                       |                        |
| 4d | Other program services (Describe in Schedu  |   | \                                     | •                      |
|    |   | 1255634 •                                 | ) (Revenue \$                         |                        |
| 76 | Total program service expenses  |   |                                       | Form <b>990</b> (2017) |

|     | ,   |             | res | NO       |
|-----|---|-------------|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  | 1           | x   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2           |     | Х        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |             |     |          |
| •   | public office? If "Yes," complete Schedule C, Part I  | 3           |     | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |             |     |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4_          |     | X        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |             |     |          |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5_          |     | <u>X</u> |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |             |     |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6           |     | <u> </u> |
| 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           |     | <u>X</u> |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |             |     |          |
|     | Schedule D, Part III  | 8           |     | <u>X</u> |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |             |     |          |
|     | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?   |             |     |          |
|     | If "Yes," complete Schedule D, Part IV  | 9           |     | <u>X</u> |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   |             |     | 17       |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10          |     | <u> </u> |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |             |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |             |     |          |
| _   | Part VI   | 11a         | Х   |          |
| ь   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   |             |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b         |     | _X_      |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |             |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11 <u>c</u> |     | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  | !           |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d         |     | X        |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Х   |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |             |     | 7.7      |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f         |     | <u> </u> |
| l2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 40-         |     | v        |
|     | Schedule D, Parts XI and XII  | 12a         |     | <u>X</u> |
| þ   | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 12b         | х   |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13          |     | X        |
| 13  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |     | X        |
| l4a | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | 144         |     |          |
| Ü   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |             |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b         |     | Х        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |             |     |          |
| -   | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15          |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |             |     |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | _16         |     | <u>X</u> |
| 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,"  |             |     |          |
|     | complete Schedule G, Part III   | _ <u>19</u> | 000 | X        |
|     |   | Form        | 990 | (2017)   |

Part IV Checklist of Required Schedules (continued)

|     |   |       | Tes             | 140    |
|-----|---|-------|-----------------|--------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a   |                 | Х      |
| 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    |                 | X      |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |       |                 |        |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |       |                 |        |
|     | Schedule K If "No", go to line 25a  | 24a   |                 | X      |
| þ   | 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      |
| C   | 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                      |       |                 | ٠,,    |
|     | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33    |                 | X      |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |       | 77              |        |
|     | Part V, line 1  | 34_   | X               | 72     |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a   |                 | X      |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       | ا ا   |                 |        |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b   |                 |        |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |       |                 | v      |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36    |                 | X      |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |       |                 | v      |
|     | 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?                  |       | v               |        |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38    | <u>X</u><br>990 | (2017) |
|     |   | LOUID | J J U           | 1201/  |

| Form | 990 (2017) LUTHERAN BRETHREN WOODLAND LODGE INC 45-3342   | 446       | P            | age \$       |
|------|---|-----------|--------------|--------------|
| Par  | t V Statements Regarding Other IRS Filings and Tax Compliance   |           |              |              |
|      | Check if Schedule O contains a response or note to any line in this Part V  |           |              |              |
|      |   |           | Yes          | No           |
| 1a   | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1  |           |              |              |
| b    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0   | <u>'</u>  |              |              |
| c    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              | ]         |              |              |
|      | (gambling) winnings to prize winners?   | 1c        | X            |              |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |           |              |              |
|      | filed for the calendar year ending with or within the year covered by this return 2a 62   | :         |              |              |
| ь    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b        |              | Х            |
| _    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |           |              |              |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a        |              | X            |
|      | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                    | 3b        |              |              |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       | 00        |              |              |
| 70   | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a        |              | Х            |
| h    | If "Yes," enter the name of the foreign country   | <u> </u>  |              |              |
| U    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                              |           |              |              |
| E 0  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |              | х            |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b        | -            | X            |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |           |              | - 1          |
| _    | ,   | <u>5c</u> |              |              |
| ьа   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |           |              | X            |
|      | any contributions that were not tax deductible as charitable contributions?   | 6a        |              | ^            |
| Ö    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |           |              |              |
| _    | were not tax deductible?  | 6b        |              | <del> </del> |
| 7    | Organizations that may receive deductible contributions under section 170(c).   | l _       |              | v            |
|      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a        | <del>├</del> | X            |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |              | -            |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               | l _       |              |              |
|      | to file Form 8282?  | 7c        |              | X            |
|      | If "Yes," indicate the number of Forms 8282 filed during the year   | ┨         |              |              |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e        | <u> </u>     |              |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f        |              |              |
|      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g        |              |              |
|      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h        | <u> </u>     | ļ            |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |           |              |              |
|      | sponsoring organization have excess business holdings at any time during the year?  | 8         |              | <u> </u>     |
| 9    | Sponsoring organizations maintaining donor advised funds.   | -         |              | Ì            |
|      | 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  |           |              | 1            |
|      | Initiation fees and capital contributions included on Part VIII, line 12  | 1         |              |              |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | ]         |              |              |
| 11   | Section 501(c)(12) organizations. Enter   |           |              |              |
| а    | Gross income from members or shareholders   | 1         |              |              |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against  |           |              |              |
|      | amounts due or received from them)  | ↓ .       |              | l            |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a       | 1            |              |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | ]         |              | İ            |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           | <u> </u>     | <u></u>      |
| 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.   |           |              | 1            |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the  |           |              | ļ            |
|      | organization is licensed to issue qualified health plans  | ]         | 1            |              |
| _    | Enter the amount of reserves on hand  |           |              | !            |

Form **990** (2017)

X

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) LUTHERAN BRETHREN WOODLAND LODGE INC 45-3342446 Page
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 C  | ) See i    | nstructions             |            |      |            |  |  |  |
|---|--|------------|-------------------------|------------|------|------------|--|--|--|
|   | Check if Schedule O contains a response or note to any line in this Part VI  |            |                         |            |      | X          |  |  |  |
| Sec   | tion A. Governing Body and Management  |            |                         |            |      |            |  |  |  |
|   |  |            | -                       |            | Yes  | No         |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  | 1a         | 5                       |            |      |            |  |  |  |
|   | 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         | 0                       |            |      | ı          |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | ıp with    |                         | 1          | •    | , ,        |  |  |  |
| _   | officer, director, trustee, or key employee?   | •          | ,                       | 2          |      | X          |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the   | ne direc   | et supervision          |            |      |            |  |  |  |
| 3   | of officers, directors, or trustees, or key employees to a management company or other person?   |            |                         | 3          |      | <u>x</u>   |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form  | 990 wa     | es filed?               | 4          |      | Х          |  |  |  |
|   | Did the organization become aware during the year of a significant diversion of the organization's as  |            | .0 11100 1              | 5          |      | X          |  |  |  |
| 5   |  | 30131      |                         | 6          | Х    |            |  |  |  |
|   | 6 Did the organization have members or stockholders?   |            |                         |            |      |            |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a  | tbboint    | one or                  | 7.         | v    |            |  |  |  |
|   | more members of the governing body?  | -41-6-     | -1-1                    | 7a         | Х    |            |  |  |  |
| ь   | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | stockn     | olders, or              |            | 7,7  |            |  |  |  |
|   | persons other than the governing body?   |            |                         | 7b         | X    |            |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ear by th  | e tollowing:            | - <u>_</u> |      | ٠ .        |  |  |  |
| а   | The governing body?  |            |                         | 8a         | X    |            |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  |            |                         | 8b         | X    |            |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-  | ached :    | at the                  | 1          |      |            |  |  |  |
|   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |            |                         | 9          |      | X          |  |  |  |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal F  | Revenu     | e Code )                |            |      |            |  |  |  |
|   |  |            |                         |            | Yes  | No_        |  |  |  |
| 10a   | Did the organization have local chapters, branches, or affiliates?   |            |                         | 10a        |      | _X_        |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such of  | hapter     | s, affiliates,          | }          |      |            |  |  |  |
| and branches to ensure their operations are consistent with the organization's exempt purposes?                                 |  |            |                         |            |      |            |  |  |  |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? |  |            |                         |            |      |            |  |  |  |
| b   |  |            |                         |            |      |            |  |  |  |
| 12a   |  |            |                         |            |      |            |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | e to cor   | flicts?                 | 12b        |      |            |  |  |  |
|   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If   |            |                         |            |      |            |  |  |  |
|   | in Schedule O how this was done  |            |                         | 12c        |      |            |  |  |  |
| 13  | Did the organization have a written whistleblower policy?  |            | ,                       | 13         |      | X          |  |  |  |
| 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 approx  | al by ir   | ndependent              | -          |      | 7          |  |  |  |
|   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision   |            |                         |            |      | ٠.         |  |  |  |
| •   | The organization's CEO, Executive Director, or top management official   |            |                         | 15a        |      | X          |  |  |  |
|   | Other officers or key employees of the organization  |            |                         | 15b        |      | X          |  |  |  |
| O   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |            |                         |            |      |            |  |  |  |
| 16-   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment u     | with a                  | 1          |      | 1          |  |  |  |
| ioa   |  | oni Gill V | vitira                  | 16a        |      | <b>x</b> _ |  |  |  |
|   | taxable entity during the year?  | nta ita e  | norticipation.          | 100        |      |            |  |  |  |
| D   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of |            |                         |            |      | . 1        |  |  |  |
|   | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of | ariizatio  | 11 5                    | 40%        | -    |            |  |  |  |
|   | exempt status with respect to such arrangements?   |            |                         | 16b        |      | <u> </u>   |  |  |  |
|   | tion C. Disclosure   |            | <del>-</del>            |            |      |            |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed MN  | T (0       | 504/-)/0)               |            | 1-   |            |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-  | I (Sect    | ion 501(c)(3)s only)    | avallab    | ie   |            |  |  |  |
|   | for public inspection. Indicate how you made these available. Check all that apply   | _          |                         |            |      |            |  |  |  |
|   | Own website Another's website X Upon request Other (explain  |            | =                       |            |      |            |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  | onflict o  | of interest policy, and | d finan    | cıal |            |  |  |  |
|   | 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 be  | ooks ar    | nd records. 🕨           |            |      |            |  |  |  |
|   | JOHN ZWIERS - 218-998-1400   |            | <u></u>                 |            |      |            |  |  |  |
|   | 805 E CHANNING, FERGUS FALLS, MN 56537   |            |                         |            |      |            |  |  |  |
| 73200   | 3 11-28-17   |            |                         | Form       | 990  | (2017)     |  |  |  |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organization |                        |  |  |         |              |                              | nsat     |                 |                 |                             |
|--|------------------------|--|--|---------|--------------|------------------------------|----------|-----------------|-----------------|-----------------------------|
| (A)  | (B)                    |  |  | ((      | C)           |                              |          | (D)             | (E)             | (F)                         |
| Name and Title                             | Average                | (do  | Position one than one  |         |              |                              |          | Reportable      | Reportable      | Estimated                   |
|  | hours per              | box  | ox, unless person is both an officer and a director/trustee) |         |              | is bot                       | h an     | compensation    | compensation    | amount of                   |
|  | week                   |  | er an  | lu a u  | recic        | Trus                         | lee)     | from            | from related    | other                       |
|  | (list any              | lecte  |  |         |              |                              |          | the             | organizations   | compensation                |
|  | hours for              | 5  | 8  |         |              | äte                          |          | organization    | (W-2/1099-MISC) | from the                    |
|  | related                | ustee  | trust  |         | <br>  83     | ibeu                         |          | (W-2/1099-MISC) |                 | organization<br>and related |
|  | organizations<br>below | ᄪ  | lonal  |         | ğ            | 5 5                          |          |                 |                 | organizations               |
|  | line)                  | Individual trustee or director                   | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former   |                 |                 | Organizations               |
| (1) HAROLD AASBY                           | 5.00                   |  |  |         |              |                              |          |                 | _               |                             |
| DIR  |                        | X  | L  |         |              |                              |          | 0.              | 0.              | 0.                          |
| (2) GAYLORD GOLDEN                         | 5.00                   | 1  |  |         | ŀ            |                              |          |                 |                 |                             |
| DIR  |                        | X  |  |         | _            | <u> </u>                     |          | 0.              | 0.              | 0.                          |
| (3) TOM MOLINE                             | 5.00                   | ļ  |  |         | İ            |                              |          |                 |                 | _                           |
| VICE CHAIR                                 |                        | <u> </u>   |  | Х       |              | -                            |          | 0.              | 0.              | 0.                          |
| (4) LELAND R ROGNESS                       | 10.00                  | -  |  |         |              | {                            |          |                 |                 | •                           |
| CHAIRMAN                                   |                        | ļ  |  | Х       | _            | -                            | _        | 0.              | 0.              | 0.                          |
| (5) RON FUHRMAN                            | 5.00                   | ┨  |  | ,,      |              |                              |          |                 | _               | 0                           |
| SEC  |                        |  |  | X       | <u> </u>     | -                            |          |                 | 0.              | 0 .                         |
| (6) JOHN ZWIERS                            | 0.00                   | $\cdot$  |  |         |              |                              |          |                 | _               | 105000                      |
| ADMIN                                      | 40.00                  | <u> </u>   |  | X       |              | -                            | _        | 0.              | 0.              | 125883                      |
|  |                        | ┨  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  | <u> </u>   | ┝       | -            | <del> </del>                 |          |                 | _               |                             |
|  |                        | $\cdot$  | ŀ  |         |              |                              |          |                 |                 |                             |
|  |                        | ┢  |  |         |              | <del> </del>                 |          |                 |                 |                             |
|  |                        | 1  | ļ  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  | -       | <del> </del> | ┢╌                           | _        |                 |                 |                             |
|  |                        | 1  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  | _  |         |              | _                            |          |                 |                 |                             |
|  |                        | $\cdot$  |  |         |              |                              |          |                 |                 |                             |
| <del></del>                                |                        | <del>                                     </del> | -  |         |              | ┼─                           | <u> </u> |                 |                 |                             |
|  |                        | 1  |  |         |              |                              |          |                 |                 |                             |
|  |                        | $\vdash$   | $\vdash$   | _       |              |                              |          |                 |                 |                             |
|  |                        | -  | i  | 1       | l            | 1                            | l        | I               | l               |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |
|  |                        |  |  |         |              |                              |          |                 |                 |                             |

Form 990 (2017)

| Par      | VII   Section A. Officers, Directors, Trus      |                   | ploy                           | ees                   | , an     | d Hı         | ghe                          | st C         | ompensated Employe         | es (continued)                |      |         |              |            |
|----------|---|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------|----------------------------|-------------------------------|------|---------|--------------|------------|
|          | (A)   | (B)               | (C)                            |                       |          |              |                              |              | (D)                        | (E)                           |      |         | (F)          |            |
|          | Name and title                                  | Average           | (do not check more than one    |                       |          |              |                              |              | Reportable                 | Reportable                    |      | Es      | timate       | d          |
|          |   | hours per         | box                            | , unle                | ss pe    | rson         | is bot                       | h an         | compensation               | compensation                  |      | an      | nount        | of         |
|          |   | week<br>(list any | <b>—</b>                       | Cei ai                |          | 1 0010       | 7,1143                       | 1            | from                       | from related                  |      |         | other        |            |
|          |   | hours for         | Individual trustee or director |                       |          |              |                              |              | the organization           | organization<br>(W-2/1099-MIS |      |         | pensa        |            |
|          |   | related           | 0.0                            | age                   |          |              | sated                        |              | (W-2/1099-MISC)            | (***271033******              | ,o,  |         | anızat       |            |
|          |   | organizations     | truste                         | Institutional trustee |          | e g          | E E                          |              | (11 = 11000 111100)        |                               |      | _       | d relat      |            |
|          |   | below             | lg ng                          | 曹                     | ᡖ        | Key employee | estco                        | <u> </u>     |                            |                               |      | orga    | anızatı      | ons        |
|          |   | line)             | ig s                           | ist<br>jast           | Officer  | Key          | Highest compensated employee | 퉏            |                            |                               |      |         |              |            |
|          |   |                   | ]                              |                       |          |              |                              |              | '                          |                               |      |         |              |            |
|          |   |                   |                                | <u> </u>              |          |              | <u> </u>                     |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          | -            | ļ                            |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                | ╁                     |          | -            | ╁                            |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   | <u></u>           |                                |                       |          |              |                              |              |                            |                               |      | -       |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                | ļ                     | <u> </u> |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   | <del> </del>      |                                | -                     |          |              |                              |              |                            |                               | -    |         |              |            |
|          |   |                   |                                | i                     |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              | <u> </u>                     |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
| 1b       | Sub-total                                       |                   |                                |                       |          |              |                              | ▶            | 0.                         |                               | 0.   | 1       | <u> 258</u>  | <u>83.</u> |
| c        | Total from continuation sheets to Part V        | II, Section A     |                                |                       |          |              |                              |              | 0.                         |                               | 0.   |         |              | 0.         |
| <u>d</u> | Total (add lines 1b and 1c)                     |                   |                                |                       |          |              |                              |              | 0.                         | _                             | 0.   | 1       | <u> 258</u>  | <u>83.</u> |
| 2        | Total number of individuals (including but r    | not limited to th | ose                            | liste                 | ed a     | bov          | e) wl                        | no r         | eceived more than \$100    | ,000 of reportab              | ie   |         |              | _          |
|          | compensation from the organization              |                   | -                              |                       |          |              |                              |              |                            |                               | —    |         | Yes          | 0<br>No    |
| 3        | Did the organization list any former officer    | director or tri   | icto                           | o ko                  | w or     | mnle         |                              | or           | highest compensated ei     | mplovee on                    | ſ    |         | 163          | 140        |
| 3        | line 1a? If "Yes," complete Schedule J for s    |                   | 1310                           | C, KC                 | y Ci     | пріс         | усс                          | , 0,         | riigilest compensated e    | mployee on                    |      | 3       |              | X          |
| 4        | For any individual listed on line 1a, is the si |                   | le co                          | amo                   | ensa     | atior        | n and                        | d ot         | her compensation from      | the organization              | ļ    |         |              |            |
|          | and related organizations greater than \$15     |                   |                                |                       |          |              |                              |              |                            | J                             |      | 4       |              | Х          |
| 5        | Did any person listed on line 1a receive or     |                   |                                |                       |          |              |                              |              |                            | dual for services             |      | _       |              | _          |
|          | rendered to the organization? If "Yes," com     | plete Schedul     | e <i>J 1</i>                   | or s                  | uch      | pers         | son                          |              |                            |                               |      | 5       |              | X          |
| Sec      | tion B. Independent Contractors                 |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
| 1        | Complete this table for your five highest co    |                   |                                |                       |          |              |                              |              |                            |                               | pens | ation 1 | rom          |            |
| -        | the organization Report compensation for        | the calendar y    | ear                            | endi                  | ng v     | vith         | or w                         | <u>ithir</u> | the organization's tax (B) | /ear                          |      | ((      | <u> </u>     |            |
|          | (A)<br>Name and business                        | address           | N                              | INC                   | F.       |              |                              |              | Description of s           | ervices                       | С    |         | 7)<br>nsatio | n          |
|          |   |                   |                                | <u> </u>              |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   | - · · · -         |                                |                       |          |              |                              | _            | <del> </del>               |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              | -            |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      |         |              |            |
| 2        | Total number of independent contractors (       | including but n   | ot lı                          | mite                  | d to     | tho          | se li                        | stec         | d above) who received m    | ore than                      |      |         |              |            |
|          | \$100,000 of compensation from the organ        | zation 🕨          |                                |                       |          | - 1          | 0                            |              |                            |                               |      |         |              |            |
|          |   |                   |                                |                       |          |              |                              |              |                            |                               |      | Form    | 990 a        | 2017)      |

| Pa   | rt VII     |  |                |  |                         | -                                  |                                  |  |
|--|------------|--|----------------|--|-------------------------|------------------------------------|----------------------------------|--|
|  |            | Check if Schedule O conta                              | ins a response | or note to any line                              | e in this Part VIII (A) | (B)                                | (C)                              | <u></u>  |
|  |            |  |                |  | Total revenue           | Related or exempt function revenue | Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts  | 1 a        | Federated campaigns                                    | 1a             |  |                         |                                    |                                  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b          | Membership dues  | 1b             |  |                         |                                    |                                  |  |
| S, C   | С          | Fundraising events                                     | 1c             |  |                         |                                    |                                  | ,  |
| ia git   | d          | Related organizations                                  | 1d             |  |                         |                                    |                                  |  |
| S. E   | е          | Government grants (contribution                        | ons) 1e        |  |                         |                                    |                                  |  |
| er S   | f          | All other contributions, gifts, grants                 | s, and         |  |                         |                                    |                                  |  |
| έξ   |            | similar amounts not included above                     | e <b>1f</b>    |  |                         |                                    |                                  |  |
| d d  | 9          | Noncash contributions included in lines 1              | a-1f \$        |  |                         |                                    |                                  |  |
| <u>ភ                                    </u>           | h          | Total. Add lines 1a-1f                                 |                | <b>•</b>   |                         |                                    |                                  |  |
|  |            |  | _              | Business Code                                    | 4.405044                | 4405044                            |                                  |  |
| <u>ë</u>   | 2 a        | RENTAL/HOME CARI                                       | E              | 623990   | 1405811.                |                                    |                                  |  |
| e Z  | b          | MEALS & OTHER  |                | 623990   | 11864.                  | 11864.                             |                                  | ļ  |
| n S  | С          | <del></del>  |                |  |                         |                                    |                                  | <del>                                     </del>       |
| Program Service<br>Revenue                             | d          |  |                |  |                         |                                    |                                  |  |
| õ  | е          |  |                |  |                         |                                    |                                  |  |
|  | f          |  | nue            | <b>L</b>   | 1417675.                |                                    |                                  |  |
|  | 9          | Total. Add lines 2a-2f                                 | luudaada jatar |  | 141/0/5.                |                                    |                                  |  |
|  | 3          | Investment income (including of other similar amounts) | indenas, inten | est, and   | 10.                     |                                    |                                  | 10.  |
|  |            | Income from investment of tax-                         | avamnt band r  | í F  | ± 0 •                   |                                    |                                  | 10.  |
|  | 4<br>5     | Royalties  | exempt bond t  | roceeds  |                         |                                    |                                  |  |
|  | "          | Hoyanies   | (ı) Real       | (ii) Personal                                    |                         |                                    |                                  |  |
|  | 6 a        | Gross rents  | (I) neal       | (ii) Fersonai                                    |                         |                                    |                                  |  |
|  | l b        | Less rental expenses                                   |                | <del>                                     </del> |                         |                                    |                                  |  |
|  | ٥          | Rental income or (loss)                                |                | <del>                                     </del> |                         |                                    |                                  |  |
|  | d          | Net rental income or (loss)                            |                | <b>•</b>   |                         |                                    |                                  |  |
|  | _          |  | (i) Securities | (II) Other                                       |                         |                                    |                                  |  |
|  | ' -        | assets other than inventory                            | - V            | 1  |                         |                                    |                                  |  |
|  | ь          |  |                |  |                         |                                    |                                  |  |
|  |            | and sales expenses                                     |                |  |                         |                                    |                                  | '  |
|  | c          | Gain or (loss)   |                |  |                         |                                    |                                  |  |
|  | ,          | Net gain or (loss)                                     |                | <b>•</b>   |                         | '                                  |                                  |  |
| Other Revenue  |            | Gross income from fundraising including \$             |                |  |                         |                                    |                                  |  |
| eve  |            | contributions reported on line 1                       |                |  |                         |                                    |                                  |  |
| <u>ت</u><br>ح  |            | Part IV, line 18                                       | a              |  |                         |                                    |                                  |  |
| the  | ь          | Less direct expenses                                   | b              |  |                         |                                    |                                  |  |
| 0  | С          | Net income or (loss) from fundr                        | aising events  | <b></b>  |                         |                                    |                                  |  |
|  | 9 a        | Gross income from gaming act                           | ivities See    | İ  |                         |                                    |                                  |  |
|  |            | Part IV, line 19                                       | а              |  |                         |                                    |                                  |  |
|  | ь          | Less. direct expenses                                  | b              |  |                         |                                    |                                  |  |
|  | С          | Net income or (loss) from gamin                        | ng activities  | <b></b>  | _                       |                                    |                                  |  |
|  | 10 a       | Gross sales of inventory, less r                       | eturns         |  |                         |                                    |                                  |  |
|  |            | and allowances   | а              |  |                         |                                    |                                  |  |
|  | b          | Less cost of goods sold                                | b              |  |                         |                                    |                                  |  |
|  | _ <u>c</u> | Net income or (loss) from sales                        | of inventory   | <b>▶</b>   | <del></del>             |                                    |                                  |  |
|  |            | Miscellaneous Revenue                                  | )              | Business Code                                    |                         |                                    |                                  |  |
|  | 11 a       | <del></del>  |                | -  |                         |                                    |                                  | <del>                                     </del>       |
|  | b          |  |                |  |                         |                                    |                                  | ļ  |
|  | C          |  |                |  |                         |                                    |                                  | <u> </u>   |
|  | d          | All other revenue                                      |                |  |                         |                                    | <del></del>                      | <u> </u>   |
|  | _          | Total. Add lines 11a-11d                               |                |  | 1.44.5.655              | 1 4 4 11 6 11 1                    |                                  | 10   |
|  | 12         | Total revenue See instructions                         | ·              | <b>&gt;</b> ]                                    | 1417685.                | 1417675.                           | 0.                               | 10.  |

| Do :    | Check if Schedule O contains a respons  | (A)            | this Part IX (B)             | (C)                             | (D)                                   |
|---------|---|----------------|------------------------------|---------------------------------|---------------------------------------|
|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses                  |
| 1       | Grants and other assistance to domestic organizations   |                |                              |                                 |                                       |
|         | and domestic governments. See Part IV, line 21  |                |                              |                                 |                                       |
| 2       | Grants and other assistance to domestic   |                |                              |                                 |                                       |
|         | individuals See Part IV, line 22  |                |                              |                                 |                                       |
| 3       | Grants and other assistance to foreign  |                |                              |                                 | •                                     |
|         | organizations, foreign governments, and foreign   |                |                              |                                 |                                       |
|         | individuals See Part IV, lines 15 and 16  |                |                              |                                 | ·                                     |
| 4       | Benefits paid to or for members   |                |                              |                                 |                                       |
| 5       | Compensation of current officers, directors,  |                |                              |                                 |                                       |
|         | trustees, and key employees   |                |                              |                                 |                                       |
| 6       | Compensation not included above, to disqualified  |                |                              |                                 |                                       |
|         | persons (as defined under section 4958(f)(1)) and   |                |                              |                                 |                                       |
|         | persons described in section 4958(c)(3)(B)  | 505610         | 604043                       | 100760                          |                                       |
| 7       | Other salaries and wages  | 797612.        | 604843.                      | 192769.                         | <del></del>                           |
| 8       | Pension plan accruals and contributions (include  |                |                              |                                 |                                       |
| _       | section 401(k) and 403(b) employer contributions)   | 20764          | 20764                        |                                 |                                       |
| 9       | Other employee benefits   | 39764.         | 39764.                       |                                 |                                       |
| 10      | Payroll taxes   | 46390.         | 46390.                       |                                 |                                       |
| l1<br>- | Fees for services (non-employees).  | 122100.        |                              | 122100.                         |                                       |
| a       | Management  | 122100.        |                              | 122100.                         |                                       |
| b       | Legal   |                |                              |                                 |                                       |
| ر<br>ا  | Accounting Lobbying   | 14150.         |                              | 14150.                          | <del></del>                           |
| d       | Professional fundraising services See Part IV, line 17  | 14130.         |                              | 14130.                          | <del></del>                           |
| e<br>f  | Investment management fees  |                |                              |                                 | <del></del>                           |
| g       | Other (If line 11g amount exceeds 10% of line 25,   |                |                              |                                 | · · · · · · · · · · · · · · · · · · · |
| 9       | column (A) amount, list line 11g expenses on Sch O.)  |                |                              |                                 |                                       |
| 12      | Advertising and promotion   | 19444.         | 19009.                       | 435.                            |                                       |
| 13      | Office expenses   | 4693.          |                              | 4693.                           | · <u>-</u>                            |
| 14      | Information technology  | 21741.         | 21741.                       |                                 |                                       |
| 5       | Royalties   |                |                              |                                 |                                       |
| 6       | Occupancy   | 6840.          | 6840.                        |                                 |                                       |
| 7       | Travel  | 921.           | 921.                         |                                 |                                       |
| 8       | Payments of travel or entertainment expenses  |                |                              |                                 | <del></del>                           |
|         | for any federal, state, or local public officials   |                |                              |                                 |                                       |
| 19      | Conferences, conventions, and meetings  |                |                              |                                 |                                       |
| 20      | Interest  | 82098.         | 82098.                       |                                 |                                       |
| 1       | Payments to affiliates  |                |                              |                                 |                                       |
| 2       | Depreciation, depletion, and amortization   | 140550.        | 140550.                      |                                 |                                       |
| 3       | Insurance   | 20685.         | 20685.                       |                                 |                                       |
| 24      | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) |                |                              |                                 |                                       |
| _       | amount, list line 24e expenses on Schedule 0.)  DIETARY EXPENSES  | 101983.        | 101983.                      |                                 |                                       |
|         | UTILITIES   | 47410.         | 47410.                       | <del></del>                     |                                       |
| C       | REAL ESTATE TAXES   | 34382.         | 34382.                       | <del>-</del> -                  |                                       |
| d       | WORKER COMP INSURANCE   | 19027.         | 19027.                       |                                 |                                       |
|         | All other expenses  | 69991.         | 69991.                       |                                 | <del>-</del>                          |
| 5       | Total functional expenses. Add lines 1 through 24e  | 1589781.       | 1255634.                     | 334147.                         | (                                     |
| 6       | Joint costs Complete this line only if the organization   | 2337701.       | 12330310                     |                                 |                                       |
|         | reported in column (B) joint costs from a combined  |                | 1                            |                                 |                                       |
|         | educational campaign and fundraising solicitation.  |                |                              |                                 |                                       |
|         | Check here If following SOP 98-2 (ASC 958-720)  |                |                              |                                 |                                       |

Form 990 (2017)

|      | Check if Schedule O contains a response or not       | e to any i       | ine in this Part X      | (A)               |     | (B)           |
|------|--|------------------|-------------------------|-------------------|-----|---------------|
|      |  |                  |                         | Beginning of year |     | End of year   |
| 1    | Cash - non-interest-bearing                          |                  | Ĺ                       | 62360.            | 1   | 27533         |
| 2    | Savings and temporary cash investments               |                  | L                       |                   | 2   |               |
| 3    | Pledges and grants receivable, net                   |                  |                         |                   | 3   |               |
| 4    | Accounts receivable, net                             |                  |                         | 20472.            | 4   | 50 <u>434</u> |
| 5    | Loans and other receivables from current and fo      | cers, directors, |                         |                   |     |               |
|      | trustees, key employees, and highest compensa        | ated empl        | loyees Complete         |                   |     |               |
|      | Part II of Schedule L                                |                  |                         |                   | 5   |               |
| 6    | Loans and other receivables from other disqualit     | fied perso       | ons (as defined under   |                   | ĺ   |               |
|      | section 4958(f)(1)), persons described in section    | 4958(c)(         | 3)(B), and contributing |                   |     |               |
|      | employers and sponsoring organizations of sect       | ion 501(c        | :)(9) voluntary         | ~                 | ,   |               |
|      | employees' beneficiary organizations (see instr)     | Complet          | e Part II of Sch L      |                   | 6   |               |
| 7    | Notes and loans receivable, net                      |                  | :                       |                   | 7   |               |
| 8    | Inventories for sale or use                          |                  |                         | 8                 |     |               |
| 9    | Prepaid expenses and deferred charges                |                  |                         | <u> 18059.</u>    | 9   | 16589         |
| 10   | Land, buildings, and equipment cost or other         |                  |                         |                   |     |               |
|      | basis Complete Part VI of Schedule D                 | 10a              | 4067492.                |                   | _   | *             |
| t    | Less accumulated depreciation                        | 10b              | 719590.                 | 3483600.          | 10c | 334790        |
| 11   | Investments - publicly traded securities             |                  |                         |                   | 11  |               |
| 12   | Investments other securities See Part IV, line 1     |                  |                         | 12                |     |               |
| 13   | Investments - program-related See Part IV, line      | [                |                         | 13                |     |               |
| 14   | Intangible assets                                    |                  |                         |                   | 14  |               |
| 15   | Other assets See Part IV, line 11                    |                  |                         | 28952.            | 15  | 2627          |
| 16   | Total assets. Add lines 1 through 15 (must equi      | al line 34)      |                         | 3613443.          | 16  | 346873        |
| 17   | Accounts payable and accrued expenses                |                  |                         | 43781.            | 17  | 4829          |
| 18   | Grants payable                                       |                  |                         |                   | 18  |               |
| 19   | Deferred revenue                                     |                  | 19                      |                   |     |               |
| 20   | Tax-exempt bond liabilities                          |                  |                         | 20                |     |               |
| 21   | Escrow or custodial account liability Complete I     | Schedule D       |                         | 21                |     |               |
| 22   | Loans and other payables to current and former       |                  |                         |                   |     |               |
|      | key employees, highest compensated employee          |                  |                         |                   |     |               |
|      | Complete Part II of Schedule L                       |                  | · ·                     | -                 | 22  |               |
| 23   | Secured mortgages and notes payable to unrela        | ated third       | parties                 | 2831335.          | 23  | 271537        |
| 24   | Unsecured notes and loans payable to unrelated       |                  | ·                       | <u> </u>          | 24  |               |
| 25   | Other liabilities (including federal income tax, pa  | -                | Г                       |                   |     |               |
|      | parties, and other liabilities not included on lines |                  |                         |                   |     |               |
|      | Schedule D   |                  |                         | 1612124.          | 25  | 175095        |
| 26   | Total liabilities, Add lines 17 through 25           |                  |                         | 4487240.          | 26  | 451462        |
|      | Organizations that follow SFAS 117 (ASC 958          | 3), check        | here X and              |                   |     |               |
|      | complete lines 27 through 29, and lines 33 an        |                  |                         |                   |     |               |
| 27   | Unrestricted net assets                              |                  |                         | -873797.          | 27  | -104589       |
| 28   | Temporarily restricted net assets                    |                  | ſ                       |                   | 28  |               |
| 29   | Permanently restricted net assets                    |                  | Ī                       |                   | 29  |               |
|      | Organizations that do not follow SFAS 117 (A         | SC 958).         | check here ▶□           |                   |     |               |
|      | and complete lines 30 through 34.                    | 71               | -                       | _                 |     |               |
| 30   | Capital stock or trust principal, or current funds   |                  |                         | •                 | 30  |               |
| 31   | Paid-in or capital surplus, or land, building, or ed |                  | fund                    |                   | 31  |               |
| 32   | Retained earnings, endowment, accumulated in         |                  |                         |                   | 32  |               |
| 33   | Total net assets or fund balances                    |                  |                         | -873797.          | 33  | -104589       |
| 1 00 | , J.E. Hot addate of father beliefled                |                  | -                       | 3613443.          | 34  | 346873        |

|    | 990 (2017) LUTHERAN BRETHREN WOODLAND LODGE INC  | 45-334      | 2446      | Pag         | ge <b>12</b> |
|----|--|-------------|-----------|-------------|--------------|
| Pa | TXI Reconciliation of Net Assets   |             |           |             | _            |
|    | Check if Schedule O contains a response or note to any line in this Part XI  | ·<br>-      |           |             |              |
|    |  |             |           |             |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1           |           | <u> 176</u> |              |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2           |           |             | <u>81.</u>   |
| 3  | Revenue less expenses Subtract line 2 from line 1  | 3           | -         |             | <u>96.</u>   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4           | <u>-8</u> | <u>737</u>  | <u>97.</u>   |
| 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           |           |             | 0.           |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                  |             |           |             |              |
|    | column (B))  | 10          | -10       | 458         | 9 <u>3.</u>  |
| 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     | • O         |           |             |              |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |             | 2a        |             | <u>X</u>     |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer    | d on a      |           |             |              |
|    | separate basis, consolidated basis, or both  |             |           |             |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |             |           |             |              |
| b  | Were the organization's financial statements audited by an independent accountant?                                 |             | 2b        |             | X            |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar    | te basis,   | [ ]       |             |              |
|    | consolidated basis, or both.   |             | 1         |             |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |             |           |             |              |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit,   |           | _           |              |
|    | review, or compilation of its financial statements and selection of an independent accountant?                     |             | 2c        | ·           |              |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O     |           |             |              |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si |             | -         |             |              |
| J. | Act and OMB Circular A-133?  | -           | За        |             | Х            |
| ь  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | iired audit |           |             |              |
| _  | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |             | 3b        |             |              |

Form **990** (2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

|      |                   | LUTH                                    | <u>ERAN BRETH</u>                     | <u>REN WOODLAND</u>                   | LODG                                | E INC           | 4                           | <u>5-3342446</u>           |
|------|-------------------|---|---------------------------------------|---------------------------------------|-------------------------------------|-----------------|-----------------------------|----------------------------|
| Pa   | ırt I             | Reason for Public (                     | Charity Status (                      | All organizations must co             | mplete th                           | s part ) Se     | ee instructions             |                            |
| Γhο  | organ             | zation is not a private found           |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       | _                                     |                                     |                 |                             |                            |
| 1    | $\vdash$          | A church, convention of ch              |                                       |                                       |                                     |                 | I)(A)(I).                   | N4                         |
| 2    | $\sqsubseteq$     | A school described in secti             | ion 170(b)(1)(A)(ii). (               | Attach Schedule E (Forn               | n 990 or 99                         | 90-EZ))         |                             | ワー                         |
| 3    |                   | A hospital or a cooperative             | hospital service orga                 | anization described in se             | ection 170                          | (b)(1)(A)(ıı    | n).                         | - 1                        |
| 4    |                   | A medical research organiz              | ation operated in co                  | njunction with a hospital             | described                           | l in sectio     | n 170(b)(1)(A)(III). Enter  | the hospital's name,       |
|      |                   | city, and state                         | •                                     |                                       |                                     |                 |                             |                            |
| _    | $\overline{}$     | An organization operated for            | or the benefit of a co                | llege or university owner             | d or operat                         | ed by a or      | overnmental unit describ    | ed in                      |
| 5    | ш                 |   |                                       | nege or university owner              | or operat                           | ed by a go      | DVEITHIBITES UTIL DESCRIE   | , oo iii                   |
|      | $\overline{}$     | section 170(b)(1)(A)(iv). (C            | •                                     |                                       |                                     |                 |                             |                            |
| 6    | $\sqsubseteq$     | A federal, state, or local government   | _                                     |                                       |                                     |                 |                             |                            |
| 7    |                   | An organization that norma              | lly receives a substa                 | ntial part of its support f           | rom a gov                           | ernmental       | unit or from the general    | public described in        |
|      |                   | section 170(b)(1)(A)(vi). (C            | omplete Part II )                     |                                       |                                     |                 |                             |                            |
| 8    |                   | A community trust describe              |                                       | 1)(A)(vi), (Complete Par              | t II )                              |                 |                             |                            |
| 9    | $\overline{\Box}$ | An agricultural research org            | • •                                   |                                       |                                     | ed in conii     | inction with a land-grant   | college                    |
| 3    |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   | or university or a non-land-g           | grant college of agric                | ulture (see instructions)             | Enter the                           | name, city      | , and state of the colleg   | <del>6</del> 01            |
|      |                   | university                              |                                       |                                       |                                     |                 |                             |                            |
| 10   | X                 | An organization that norma              | •                                     | •                                     | -                                   |                 |                             | _                          |
|      |                   | activities related to its exen          | npt functions - subje                 | ct to certain exceptions,             | and (2) no                          | more tha        | n 33 1/3% of its support    | from gross investment      |
|      |                   | income and unrelated busin              | ness taxable income                   | (less section 511 tax) from           | om busine                           | sses acqu       | ired by the organization    | after June 30, 1975        |
|      |                   | See section 509(a)(2). (Cor             | mplete Part III)                      |                                       |                                     |                 |                             |                            |
| 11   |                   | An organization organized a             | -                                     | vely to test for public sa            | fetv See s                          | section 50      | 09(a)(4).                   |                            |
| 12   | 一                 | An organization organized a             | •                                     |                                       | -                                   |                 |                             | purposes of one or         |
| 12   |                   | more publicly supported or              |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             | MIGOR THE DOX III          |
|      |                   | lines 12a through 12d that              | • •                                   |                                       |                                     |                 |                             |                            |
| а    | · L               |   | •                                     | •                                     | -                                   |                 |                             |                            |
|      |                   | the supported organization              | on(s) the power to re                 | gularly appoint or elect a            | a majority o                        | of the direc    | ctors or trustees of the s  | upporting                  |
|      |                   | organization You must o                 | complete Part IV, Se                  | ections A and B.                      |                                     |                 |                             |                            |
| b    |                   | Type II. A supporting org               | anization supervised                  | or controlled in connec               | tion with it                        | s supporte      | ed organization(s), by ha   | ving                       |
|      |                   | control or management o                 |                                       |                                       |                                     |                 |                             |                            |
|      |                   | organization(s) You mus                 |                                       |                                       | •                                   |                 | J ,                         | •                          |
| _    |                   | Type III functionally inte              | · · · · · · · · · · · · · · · · · · · |                                       | in connec                           | tion with s     | and functionally integrate  | ed with                    |
| ٠    |                   | • | •                                     |                                       |                                     |                 |                             | JG 1111.1,                 |
|      |                   | its supported organizatio               |                                       |                                       |                                     |                 |                             |                            |
| d    | L                 |   | _                                     |                                       |                                     |                 |                             |                            |
|      |                   | that is not functionally int            |                                       |                                       |                                     |                 |                             | iveness                    |
|      |                   | _ requirement (see instruct             | ions) You must cor                    | nplete Part IV, Sections              | s A and D,                          | and Part        | V. ·                        |                            |
| е    |                   | ∫ Check this box if the orga            | anization received a                  | written determination fro             | m the IRS                           | that it is a    | a Type I, Type II, Type III |                            |
|      |                   | functionally integrated, or             | r Type III non-functio                | nally integrated support              | ing organiz                         | zation          |                             |                            |
| f    | Ente              | er the number of supported o            | organizations                         |                                       |                                     |                 |                             |                            |
| o    |                   | vide the following information          | •                                     | d organization(s)                     |                                     |                 |                             |                            |
|      |                   | ) Name of supported                     | (II) EIN                              | (III) Type of organization            | (iv) Is the orga<br>in your governi | nization listed | (v) Amount of monetary      | (vi) Amount of other       |
|      |                   | organization                            |                                       | (described on lines 1-10              | Yes                                 | No              | support (see instructions)  | support (see instructions) |
|      |                   |   |                                       | above (see instructions))             |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       | ·                                     |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
|      | -                 | - ··-                                   |                                       |                                       |                                     |                 | _                           |                            |
|      |                   |   |                                       |                                       |                                     |                 |                             |                            |
| Tota |                   |   |                                       | · · · · · · · · · · · · · · · · · · · |                                     |                 |                             |                            |
|      | ai .              |   | ,                                     |                                       |                                     |                 | 1                           | i                          |

Schedule A (Form 990 or 990 EZ) 2017 LUTHERAN BRETHREN WOODLAND LODGE INC 45-3342446 Page 2

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

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

|     | tion A. Public Support                      |                     |                     |                        |                      | <del></del>          |             |
|-----|---|---------------------|---------------------|------------------------|----------------------|----------------------|-------------|
| ale | ndar year (or fiscal year beginning in) ►   | (a) 2013            | (b) 2014            | (c) 2015               | (d) 2016             | (e) 2017             | (f) Total   |
|     | Gifts, grants, contributions, and           |                     |                     |                        |                      |                      |             |
|     | membership fees received (Do not            |                     |                     |                        |                      |                      |             |
|     | include any "unusual grants ")              |                     |                     | <u>.</u>               |                      |                      |             |
| 2   | Tax revenues levied for the organ-          |                     |                     |                        |                      |                      |             |
|     | ization's benefit and either paid to        |                     |                     |                        |                      |                      |             |
|     | or expended on its behalf                   |                     |                     |                        |                      |                      | <u> </u>    |
| 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            |                     |                     |                        |                      | ď.                   |             |
|     | amount shown on line 11,                    |                     |                     |                        | /                    |                      |             |
|     | column (f)                                  |                     |                     |                        |                      |                      |             |
|     | Public support. Subtract line 5 from line 4 |                     |                     | <u> </u>               |                      | ,                    |             |
| Sec | ction B. Total Support                      | ,                   |                     | ·                      | /                    | - <del> </del>       |             |
| ale | ndar year (or fiscal year beginning in) 🖊   | (a) 2013            | (b) 2014            | (c) 2015               | ( <b>d</b> )∕2016    | (e) 2017             | (f) Total   |
| 7   | Amounts from line 4                         |                     |                     |                        |                      |                      |             |
| 8   | Gross income from interest,                 |                     |                     |                        |                      |                      |             |
|     | dividends, payments received on             |                     |                     |                        |                      |                      |             |
|     | securities loans, rents, royalties,         |                     |                     | /                      | A <sup>2</sup>       |                      |             |
|     | and income from similar sources             | ·                   |                     | /                      |                      |                      |             |
| 9   | Net income from unrelated business          |                     |                     |                        |                      | 1                    |             |
|     | activities, whether or not the              |                     |                     |                        |                      |                      |             |
|     | business is regularly carried on            |                     |                     |                        |                      | <u> </u>             |             |
| 0   | 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       |                     |                     | <i>y</i>               |                      | <del> </del>         | l           |
|     | Gross receipts from related activities,     |                     |                     | •                      |                      | 12                   | <del></del> |
| 3   | First five years. If the Form 990 is for    | the organization's  | s first, second thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3)         | _           |
|     | organization, check this box and stop       |                     |                     | <u>-</u>               |                      |                      | <u> </u>    |
|     | ction C. Computation of Publi               |                     |                     |                        |                      |                      |             |
| 4   | Public support percentage for 2017 (li      | ne 6, column (f) d  | ıvıded bý line 11,  | column (f))            |                      | 14                   |             |
|     | Public support percentage from 2016         |                     | ,                   |                        |                      | 15                   |             |
| 6a  | 33 1/3% support test - 2017. If the o       |                     | ,                   |                        | 14 is 33 1/3% or     | more, check this b   | ox and      |
|     | stop here. The organization qualifies a     |                     |                     |                        |                      |                      | ▶∟          |
| þ   | 33 1/3% support test - 2016. If the o       | rganization did no  | St check a box on   | line 13 or 16a, and    | d line 15 is 33 1/39 | % or more, check t   | his box     |
|     | and stop here. The organization quali       | . ,                 |                     |                        |                      |                      | ▶∟          |
| 17a | 10% -facts-and-circumstances test           |                     |                     |                        |                      |                      |             |
|     | and if the organization meets the "fac-     | ,                   |                     |                        |                      | art VI how the orga  | nization    |
|     | meets the "facts-and-circumstances"         |                     |                     |                        |                      |                      | ▶∟          |
| b   | 10% -facts-and-circumstances test           |                     |                     |                        |                      |                      |             |
|     | more, and if the organization meets th      | ie "facts-and-circu | ımstances" test, d  | check this box and     | stop here. Explai    | n in Part VI how the | θ           |
|     |   |                     |                     |                        |                      |                      |             |
|     | organization meets the "facts and-circ      | umstances" test     | The organization    | qualifies as a publ    | licly supported org  | anization            | ▶_          |

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

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

| Se   | ction A. Public Support  | ciow, picase comp         | neter art ir j        |                        | ,                   |                     | <del></del>        |
|------|--|---------------------------|-----------------------|------------------------|---------------------|---------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2013                  | (b) 2014              | (c) 2015               | (d) 2016            | (e) 2017            | (f) Total          |
| 1    | Gifts, grants, contributions, and  |                           |                       |                        |                     |                     |                    |
|      | membership fees received (Do not   |                           |                       |                        |                     |                     |                    |
|      | include any "unusual grants ")   | 605.                      | 1045.                 |                        |                     |                     | 1650.              |
| 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  | 707369.                   | 1430585.              | 1508836.               | 1287921.            | 1417675.            | 6352386.           |
| 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  |                           |                       | 1                      |                     | J                   |                    |
|      | furnished by a governmental unit to  |                           |                       |                        |                     |                     |                    |
| _    | the organization without charge  | 707074                    | 1421620               | 1508836.               | 1207021             | 1417675.            | 6254026            |
|      | Total. Add lines 1 through 5   | 707974.                   | 1431630.              | 1208836.               | 1287921.            | 141/0/5.            | 6354036.           |
| 78   | Amounts included on lines 1, 2, and  |                           |                       |                        |                     |                     | _                  |
|      | 3 received from disqualified persons   |                           |                       |                        |                     |                     | 0.                 |
| Ę    | Amounts included on lines 2 and 3 received from other than disqualified persons that | 1                         |                       |                        | ;                   |                     |                    |
|      | exceed the greater of \$5,000 or 1% of the   |                           |                       |                        |                     |                     |                    |
|      | amount on line 13 for the year   |                           |                       |                        |                     |                     | 0.                 |
| (    | Add lines 7a and 7b  |                           |                       |                        |                     |                     | 0.                 |
|      | Public support. (Subtract line 7c from line 6)                                       |                           |                       |                        |                     |                     | 6354036.           |
| Se   | ction B. Total Support   |                           |                       |                        |                     | <del>_</del>        |                    |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2013                  | (b) 2014              | (c) 2015               | (d) 2016            | (e) 2017            | (f) Total          |
| -    | Amounts from line 6  | 707974.                   | 1431630.              | 1508836.               | 1287921.            | 1417675.            | 6354036.           |
| 10a  | Gross income from interest, dividends, payments received on                          |                           |                       |                        |                     |                     |                    |
|      | securities loans, rents, royalties,  |                           |                       |                        |                     |                     |                    |
|      | and income from similar sources  | 8.                        | 8.                    | 9.                     | 9.                  | 10.                 | 44.                |
| t    | Unrelated business taxable income  |                           |                       | :                      |                     |                     |                    |
|      | (less section 511 taxes) from businesses   |                           | 1                     |                        |                     |                     |                    |
|      | acquired after June 30, 1975   |                           |                       |                        |                     |                     |                    |
|      | : Add lines 10a and 10b  | 8.                        | 8.                    | 9.                     | 9.                  | 10.                 | 44.                |
| 11   | Net income from unrelated business   |                           |                       |                        |                     |                     |                    |
|      | activities not included in line 10b, whether or not the business is                  |                           |                       |                        |                     |                     |                    |
|      | regularly carried on   |                           |                       |                        |                     |                     |                    |
| 12   | Other income Do not include gain   |                           |                       |                        |                     |                     |                    |
|      | or loss from the sale of capital assets (Explain in Part VI)                         |                           |                       |                        |                     |                     |                    |
| 13   | Total support (Add lines 9, 10c, 11, and 12)   | 707982.                   | 1431638.              | 1508845.               | 1287930.            | 1417685.            | 6354080.           |
|      | First five years. If the Form 990 is for   |                           | first, second, thir   | d, fourth, or fifth ta | x year as a section | n 501(c)(3) organiz | ation,             |
|      | check this box and stop here   | Ü                         |                       | <u> </u>               |                     |                     |                    |
| Se   | ction C. Computation of Publ   | ic Support Per            | rcentage              |                        |                     |                     |                    |
| 15   | Public support percentage for 2017 (I  | ine 8, column (f) di      | vided by line 13, c   | olumn (f))             | ==                  | 15                  | 100.00 %           |
| 16   | Public support percentage from 2016  | Schedule A, Part          | III, line 15          |                        |                     | 16                  | 100.00 %           |
| Sec  | ction D. Computation of Inves  | stment Income             | e Percentage          |                        |                     |                     |                    |
| 17   | Investment income percentage for 20  | 17 (line 10c, colun       | nn (f) divided by lin | ie 13, column (f))     |                     | 17                  | .00 %              |
| 18   | Investment income percentage from  | <b>2016</b> Schedule A, I | Part III, line 17     |                        |                     | 18                  | %                  |
|      | 33 1/3% support tests - 2017. If the   |                           |                       | on line 14, and line   | 15 is more than 3   | 3 1/3%, and line 1  | 7 is not           |
|      | more than 33 1/3%, check this box a  |                           |                       |                        |                     |                     | $\triangleright X$ |
| b    | 33 1/3% support tests - 2016. If the   |                           |                       |                        |                     |                     |                    |
| _    | line 18 is not more than 33 1/3%, che  | _                         |                       |                        |                     |                     | ightharpoons       |
| 20   | Private foundation. If the organization  |                           |                       |                        |                     |                     |                    |
|      | 23 10-06-17  |                           |                       |                        |                     |                     | or 990-EZ) 2017    |

# 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.)

|      | Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)                 |                                       |          |              |
|------|--|---------------------------------------|----------|--------------|
| Sec  | tion A. All Supporting Organizations   |                                       | т        | <del>,</del> |
|      |  |                                       | Yes      | No           |
| 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.                       | 1                                     |          | <u> </u>     |
| 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)   | 2                                     |          | <u> </u>     |
| За   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer   | _                                     | ١.       |              |
|      | (b) and (c) below  | 3a                                    |          |              |
| 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  | 3b                                    |          |              |
| С    | 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              | 3c_                                   |          |              |
| 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   | 4a                                    |          |              |
| 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                        | 4b                                    |          | '            |
| С    | 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   | 4c                                    |          |              |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"         |                                       |          |              |
| - Ou | 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)   | 5a                                    | 1-       |              |
| 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?  | 5b                                    | ^        |              |
| c    | Substitutions only. Was the substitution the result of an event beyond the organization's control?                 | 5c                                    |          |              |
| 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   | 1,-                                   |          |              |
|      | Part VI.   | 6                                     | -        |              |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor    |                                       |          |              |
| ٠    | (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).                 | , , , , , , , , , , , , , , , , , , , |          | " 1          |
| 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)   | 8                                     |          | `-           |
| 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.   | 9a                                    | ` -      |              |
| h    | 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.                                  | 9b                                    | "        | • •          |
| _    | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit    |                                       | <b>†</b> |              |
| C    | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.       | 9c                                    | -        | 1            |
| 100  | Was the organization subject to the excess business holdings rules of section 4943 because of section              |                                       | 1        | 1            |
| ıva  | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated          |                                       |          |              |
|      | supporting organizations)? If "Yes," answer 10b below  | 10a                                   | ,        |              |
| h    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to             | 100                                   | 1        | T            |
| L)   | DIG THE CHARMER CONTINUE AND ALLY CAUCAS DUSINESS HEIGHINGS III THE TAX YEART LOSE CONCOUNCE, FOR IT TILE, TO      | 1                                     |          |              |

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

determine whether the organization had excess business holdings )

| Pai | Type III Non-Functionally Integrated 509(a)(3) Supporting                       |            |                                       |                                |
|-----|---|------------|---------------------------------------|--------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying |            |                                       | Part VI) See instructions      |
|     | other Type III non-functionally integrated supporting organizations must co     | omplete Se | ctions A through E                    | T                              |
| ect | on A - Adjusted Net Income  |            | (A) Prior Year                        | (B) Current Year<br>(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          |                                       |                                |
| ect | on B - Minimum Asset Amount   |            | (A) Prior Year                        | (B) Current Year<br>(optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see                   |            | •                                     |                                |
|     | instructions for short tax year or assets held for part of year)                |            | · · · · · · · · · · · · · · · · · · · |                                |
| a   | Average monthly value of securities   | 1a         |                                       |                                |
| b   | Average monthly cash balances   | 1b         |                                       |                                |
| 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)  | ·          | <del></del>                           | <u>'</u>                       |
| 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          |                                       |                                |
| ect | 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          | •                                     | 1                              |

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 LUTHERAN BRETHREN WOODLAND LODGE INC 45-3342446 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (1) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 3 **b** From 2013 c From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3<sub>J</sub> and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

| Schedule A | (Form 990 or 990-EZ) 2017 LUTHERAN   | <u>N BRETHREN</u>   | WOODLAND  | LODGE INC  | 45-3342446 Page                  |
|------------|--|---|---|--|----------------------------------|
| Part VI    | Supplemental Information. Provid<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c<br>line 1, Part IV, Section D, lines 2 and 3, Pa.<br>Section D, lines 5, 6, and 8, and Part V, Se<br>(See instructions) | le the explanations r<br>c, 5a, 6, 9a, 9b, 9c, 1<br>rt IV. Section E. lines | required by Part II<br>I1a, 11b, and 11c<br>s 1c. 2a. 2b. 3a. a | , line 10, Part II, line 17a<br>; Part IV, Section B, lines<br>nd 3b; Part V, line 1, Part | : V. Section B. line 1e, Part V. |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            | ······································   |   |   |  |                                  |
|            |  | <del></del>   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  | <del></del>   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  | <del>,,</del>   |   |  | ·                                |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  | ·   |   |  |                                  |
|            |  |   |   |  | ·                                |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  | ··  |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  | <del></del>   | ·   |  |                                  |
|            |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
| -          |  |   |   |  |                                  |
|            |  |   |   |  |                                  |
|            |  | <del></del>   |   | -  | *,                               |
|            |  |   |   |  | <i>\$ (</i>                      |
|            |  |   |   |  | * *                              |

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TIMEDAN PREMIDEN WOOD AND LODGE THE

Employer identification number 15-3312116

| Par  | t   Organizations Maintaining Donor Advise                           |   | Accounts Complete if the                  |
|------|--|---|---|
| I ai |  |   | Accounts: Complete in the                 |
|      | organization answered "Yes" on Form 990, Part IV, Iir                | (a) Donor advised funds                             | (b) Funds and other accounts              |
| _    | Total accept and a self-con-   | (a) borior advices raries                           | (b) t and and and and                     |
| 1    | Total number at end of year  |   |   |
| 2    | Aggregate value of contributions to (during year)                    |   |   |
| 3    | Aggregate value of grants from (during year)                         |   |   |
| 4    | Aggregate value at end of year                                       |   |   |
| 5    | Did the organization inform all donors and donor advisors in         |   |   |
|      | are the organization's property, subject to the organization's       |   | Yes No                                    |
| 6    | Did the organization inform all grantees, donors, and donor a        |   |   |
|      | for charitable purposes and not for the benefit of the donor of      | or donor advisor, or for any other purpose conf     |   |
| Da   | impermissible private benefit?                                       | West of Ferri 200 Peri                              | Yes No                                    |
| Par  |  |   | iv, line /                                |
| 1    | Purpose(s) of conservation easements held by the organizat           |   |   |
|      | Preservation of land for public use (e.g., recreation or e           |   |   |
|      | Protection of natural habitat  | Preservation of a certified                         | historic structure                        |
|      | Preservation of open space   |   |   |
| 2    | Complete lines 2a through 2d if the organization held a quali        | fied conservation contribution in the form of a     | T I                                       |
|      | day of the tax year  |   | Held at the End of the Tax Year           |
| а    | Total number of conservation easements                               |   | 2a  |
| b    | Total acreage restricted by conservation easements                   |   | 2b  |
| С    | Number of conservation easements on a certified historic str         |   | 2c  |
| đ    | Number of conservation easements included in (c) acquired            | after 7/25/06, and not on a historic structure      |   |
|      | listed in the National Register                                      |   | 2d  |
| 3    | Number of conservation easements modified, transferred, re           | leased, extinguished, or terminated by the org      | anization during the tax                  |
|      | year   |   |   |
| 4    | Number of states where property subject to conservation ea           | sement is located                                   |   |
| 5    | Does the organization have a written policy regarding the pe         | riodic monitoring, inspection, handling of          | <u></u>                                   |
|      | violations, and enforcement of the conservation easements            |   | └─ Yes └─ No                              |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting,         | handling of violations, and enforcing conserva      | ation easements during the year           |
|      | <b>&gt;</b>  |   |   |
| 7    | Amount of expenses incurred in monitoring, inspecting, hand          | dling of violations, and enforcing conservation     | easements during the year                 |
|      | <b>▶</b> \$  |   |   |
| 8    | Does each conservation easement reported on line 2(d) about          | ve satisfy the requirements of section 170(h)(4)    | )(B)(ı)                                   |
|      | and section 170(h)(4)(B)(ii)?  |   | └── Yes └── No                            |
| 9    | In Part XIII, describe how the organization reports conservat        |   |   |
|      | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes the o    | organization's accounting for             |
| ,    | conservation easements   |   |   |
| Par  | t III Organizations Maintaining Collections of                       | of Art, Historical Treasures, or Othe               | r Similar Assets.                         |
|      | Complete if the organization answered "Yes" on Form                  |   |   |
| 1a   | If the organization elected, as permitted under SFAS 116 (AS         |   |   |
|      | historical treasures, or other similar assets held for public ex     | hibition, education, or research in furtherance     | of public service, provide, in Part XIII, |
|      | the text of the footnote to its financial statements that descri     | ibes these items                                    |   |
| b    | If the organization elected, as permitted under SFAS 116 (AS         | SC 958), to report in its revenue statement and     | balance sheet works of art, historical    |
|      | treasures, or other similar assets held for public exhibition, e     | ducation, or research in furtherance of public s    | service, provide the following amounts    |
|      | relating to these items  |   |   |
|      | (i) Revenue included on Form 990, Part VIII, line 1                  |   | <b>&gt;</b> \$                            |
|      | (ii) Assets included in Form 990, Part X                             |   | <b>&gt;</b> \$                            |
| 2    | If the organization received or held works of art, historical tre    | easures, or other similar assets for financial gain | n, provide                                |
|      | the following amounts required to be reported under SFAS 1           | 16 (ASC 958) relating to these items                |   |
| а    | Revenue included on Form 990, Part VIII, line 1                      |   | <b>▶</b> \$                               |
| b    | Assets included in Form 990, Part X                                  |   | ▶ \$                                      |

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

Schedule D (Form 990) 2017

| Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued)  |     |  | N BRETHREN           |            |               |                          |             |             |              | 42446         |              | ge <b>2</b>  |
|--|-----|--|----------------------|------------|---------------|--------------------------|-------------|-------------|--------------|---------------|--------------|--------------|
| Cheek all that apply  a   Done whothon   d   Loan or exchange programs   | Par |  |                      |            |               |                          |             |             |              |               |              |              |
| a Public exhibition d Loan or exchange programs b Should research c Other Committee of Preservation for future generations of the organization of  | 3   |  | on, and other record | is, checi  | k any of the  | following tha            | t are a si  | gnificant i | use of its   | collection    | items        | 3            |
| b Scholarly research e Other    Preservation for future generations  |     |  |                      |            |               |                          |             |             |              |               |              |              |
| Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  | а   |  | d                    |            |               | hange progra             | ams         |             |              |               |              |              |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21  1a Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1b If "Yes," explain the arrangement in Part XIII and complete the following table  1c  | b   | ( <del></del>                                  | е                    | • 🗀        | Other         |                          |             |             |              |               |              |              |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  Is the organization an aspent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  0 Beginning balance  1   | С   | <del>_</del>                                   |                      |            |               |                          |             |             | _            |               |              |              |
| Does note to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   | 4   |  |                      |            |               |                          |             |             | se in Par    | t XIII        |              |              |
| Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   Yes   No   | 5   |  |                      |            |               |                          | er sımılar  | assets      | _            | ٦             |              | 1            |
| reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance of the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability Yes. No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Contributions   (a) Current year (b) Prior year (c) Two years back (e) Four years back or Not investment earrangs, gains, and losses   (a) Current year end balance (line 1g, column (a)) held as: a Board designated or quase-endowment   % b Permanent endowment   % c Temporarily restricted endowment   % b Permanent endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations   (ii) related organizations   (iii) report   (iii) respectively   (iii) respectivel  |     |  |                      |            |               | -                        |             |             |              |               |              | No_          |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7  | Par |  |                      | ete if the | organization  | on answered '            | "Yes" on    | Form 990    | , Part IV,   | line 9, or    |              |              |
| on Form 990, Part X?  b. If "Yes," explain the arrangement in Part XIII and complete the following table:  c. Beginning balance d. Additions during the year e. Distributions during the year f. Ending balance and additions during the year f. Ending balance and programs are provided in Part XIII and provi |     |  |                      |            |               |                          |             | <del></del> |              |               | <del>-</del> |              |
| b if "Yes," explan the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No It "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) F | 1a  |  | an or other intermed | diary for  | contribution  | ns or other as           | sets not    | included    | _            | ٦.,           | _            | ١            |
| c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 2 Distributions during the year 3 Distributions during the year and the organization answered "Yes" on Form 990, Part IX, line 21, for escrow or custodial account liability?    Yes   |     |  |                      |            |               |                          |             |             | L            | 」Yes          | Щ.           | No           |
| c Beginning balance d Additions during the year f Ending balance 2a Dd the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment   % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds  Part V   Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) basis (investment)  10 2100.  11 2131.  12 318.  13 2630.  13 282771.  14 2531.  14 3031.   | b   | If "Yes," explain the arrangement in Part XIII | and complete the fo  | llowing    | table         |                          |             | <del></del> |              |               |              |              |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [b Contributions (c) Net investment earnings, gains, and losses of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >  |     |  |                      |            |               |                          |             |             |              | Amount        |              |              |
| e Distributions during the year  f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    % b Permanent endowment   % c Temporanity restricted endowment   % 6 The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations Description of property  Qart VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  1a Land Qart Contributions Qartin the intended uses of the organization sendowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Qartin the intended uses of the organization of the basis (investment)  Description of property Qartin the organization and the part XIII the intended uses of the organization of the basis (investment)  Description of property Qartin the organization and the part XIII the intended use of the organization of the part XIII the intended |     |  |                      |            |               |                          |             |             |              |               |              |              |
| t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  | d   |  |                      |            |               |                          |             |             |              |               |              |              |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  I Yes  No bili "Yes" explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10  [a] Current year  (b) Pnor year  (c) Two years back  (d) Three years back  (e) Four years back  (e) Four years back  (d) Three years back  (e) Four years back  (d) Three years back  (e) Four years back  (e) Four years back  (d) Three years back  (e) Four years back  | е   | Distributions during the year                  |                      |            |               |                          |             | -           |              |               |              |              |
| b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  (b) Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    % The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) related organi  |     | <del>-</del>                                   |                      |            |               |                          |             |             |              | 7 .           |              | · · ·        |
| Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back  |     | <u> </u>                                       |                      |            |               |                          |             | ity?        | L            | 」Yes          | 늗            | l No         |
| (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   |     | · · · · · · · · · · · · · · · · · · ·          |                      |            |               |                          |             |             | <del> </del> | <del></del> - |              | <u> </u>     |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  | Par | T V   Endowment Funds. Complete it             |                      |            |               |                          |             |             |              |               |              |              |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   |     |  | (a) Current year     | (b) F      | rior year     | (c) Two year             | rs back     | (d) Three y | ears back    | (e) Four      | years I      | back         |
| C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶   | 1a  | Beginning of year balance                      |                      | ļ.——       |               |                          |             | -           |              |               |              |              |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  | b   | Contributions                                  |                      |            |               |                          |             |             |              |               |              |              |
| e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶   | С   | Net investment earnings, gains, and losses     |                      |            |               |                          |             |             | _            |               |              |              |
| and programs  f. Administrative expenses g. End of year balance  2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment   | d   | Grants or scholarships                         | <del></del>          |            |               |                          |             |             | -            |               |              |              |
| g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶  | е   | Other expenditures for facilities              |                      |            |               |                          |             |             |              | ]             |              |              |
| g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶  |     | and programs                                   | <del></del>          |            |               | <u> </u>                 |             |             | _            |               |              |              |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶   | f   | Administrative expenses                        |                      |            |               | <u> </u>                 |             |             |              |               |              |              |
| a Board designated or quasi-endowment ▶  | g   | End of year balance                            |                      |            |               | <u> </u>                 |             |             |              |               |              |              |
| b Permanent endowment ▶  | 2   | Provide the estimated percentage of the curr   | rent year end baland | ce (line 1 | g, column (   | a)) held as <sup>.</sup> |             |             |              |               |              |              |
| Temporarily restricted endowment ▶   | а   | Board designated or quasi-endowment            |                      | _%         |               |                          |             |             |              |               |              |              |
| The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  1a Land  102100.  b Buildings  3789830.  607059.  3182771.  c Leasehold improvements d Equipment e Other  175562.  112531.  63031.   | _   |  | %                    |            |               |                          |             |             |              |               |              |              |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 102100. 102100. b Buildings 3789830. 607059. 3182771. c Leasehold improvements d Equipment e Other  175562. 112531. 63031.   | С   |  |                      |            |               |                          |             |             |              |               |              |              |
| by (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) related organizations (iv) related organizations (iv) related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (investment) |     | -  |                      |            |               |                          |             |             |              |               |              |              |
| (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) basis (other)  basis (other)  1a Land 102100.  b Buildings 3789830. 607059. 3182771. c Leasehold improvements d Equipment e Other  175562. 112531. 63031.   | 3a  | Are there endowment funds not in the posse     | ssion of the organiz | ation tha  | at are held a | and administe            | ered for th | ne organiz  | ation        | Г.            |              |              |
| (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  102100.  Buildings  3a(ii) 3b  (d) Book value  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.  102100.   |     | by   |                      |            |               |                          |             |             |              |               | Yes          | <u>No</u>    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1 02100.  Buildings  3789830. 607059. 3182771.  c Leasehold improvements d Equipment e Other  175562. 112531. 63031.   |     | (i) unrelated organizations                    |                      |            |               |                          |             |             |              |               |              |              |
| Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  Occupied in Part XIII the intended uses of the organization's endowment funds  (b) Cost or other basis (other)  (c) Accumulated depreciation  102100.  102100.  102100.  175562.  112531.  63031.   |     | (ii) related organizations                     |                      |            |               |                          |             |             |              | 3a(ii)        |              |              |
| Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  Buildings  C Leasehold improvements  d Equipment  e Other  Omeganization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  102100.  102100.  102100.  175562.  175562.   | b   |  | •                    |            |               | •                        |             |             |              | _3b_          |              |              |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation  | 4   |  |                      | owment     | funds         |                          |             |             |              |               |              |              |
| Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation  | Par | <del></del>                                    |                      |            |               |                          |             |             |              |               |              |              |
| basis (investment)         basis (other)         depreciation           1a Land         102100.         102100.           b Buildings         3789830.         607059.         3182771.           c Leasehold improvements         Equipment         175562.         112531.         63031.  |     |  |                      |            |               | 7                        |             |             | <del> </del> |               |              |              |
| 1a Land     102100.     102100.       b Buildings     3789830.     607059.     3182771.       c Leasehold improvements     Equipment     175562.     112531.     63031.  |     | Description of property                        | , , ,                |            |               |                          |             |             | d            | (d) Book      | value        | •            |
| b Buildings 3789830. 607059. 3182771. c Leasehold improvements d Equipment e Other 175562. 112531. 63031.  |     |  | basis (investi       | ment)      | ļ             |                          | aep         | preciation  | -+           |               | 201          | 20           |
| c Leasehold improvements d Equipment e Other 175562. 112531. 63031.  |     |  |                      |            |               |                          |             | 6070        |              |               |              |              |
| d Equipment e Other 175562. 112531. 63031.   |     | •  |                      |            | 37            | 189830.                  |             | 60/0        | 99.          | 318           | 121          | <u>/ I •</u> |
| e Other 175562. 112531. 63031.   |     | •  |                      |            |               |                          |             | <del></del> |              |               |              |              |
|  |     | • •  |                      |            |               | 75560                    |             | 1105        | 21           |               | 20           | 21           |
|  |     |  |                      |            |               |                          |             | 1172        | 21.          |               |              |              |

Schedule D (Form 990) 2017

3270 ACCRUED INTEREST (5)(6)(7) (8)(9)1750952

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 XÎI ...

▶

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

| Schedule D (Form 990) 2017 LUTHERAN BRETHREN WOOD  |                        | 45-3342446 Pag          |
|--|------------------------|-------------------------|
| Part XI Reconciliation of Revenue per Audited Financial St   | tatements With Revenu  | e per Return.           |
| Complete if the organization answered "Yes" on Form 990, Part IV,  | line 12a               |                         |
| 1 Total revenue, gains, and other support per audited financial statements   |                        | 1                       |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12   | 1 1                    |                         |
| a Net unrealized gains (losses) on investments   | 2a                     | <del></del>             |
| b Donated services and use of facilities   | 2b                     | <del> </del> ···        |
| c Recoveries of prior year grants  | 2c                     | <del>  .</del>          |
| d Other (Describe in Part XIII.)   | 2d                     |                         |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  |                        | 3                       |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                        |                         |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                     |                         |
| b Other (Describe in Part XIII )   | 4b                     |                         |
| c Add lines 4a and 4b  |                        | 4c                      |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  | 2)                     | 5                       |
| Part XII Reconciliation of Expenses per Audited Financial S  | Statements With Expens | ses per Return.         |
| Complete if the organization answered "Yes" on Form 990, Part IV,  |                        |                         |
| Total expenses and losses per audited financial statements   |                        | 1                       |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25   |                        |                         |
| a Donated services and use of facilities   | 2a                     | ·                       |
| b Prior year adjustments   | 2b                     |                         |
| c Other losses   | 2c                     |                         |
| d Other (Describe in Part XIII)  | 2d                     |                         |
| e Add lines 2a through 2d  |                        | 2e                      |
| 3 Subtract line 2e from line 1   |                        | 3                       |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1  | 1 1                    |                         |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                     |                         |
| b Other (Describe in Part XIII )   | 4b                     |                         |
| c Add lines 4a and 4b  |                        | 4c                      |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.   | 18)                    | 5                       |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide |                        |                         |
|  |                        |                         |
| ,  |                        |                         |
|  |                        |                         |
|  |                        |                         |
|  |                        |                         |
|  |                        |                         |
|  |                        |                         |
|  |                        |                         |
|  |                        |                         |
|  |                        | r                       |
|  |                        | £                       |
| 32054 10-09-17   |                        | Schedule D (Form 990) 2 |

### **SCHEDULE O**

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

LUTHERAN BRETHREN WOODLAND LODGE INC

Employer identification number 45-3342446

| BOTHEREN MOODERNS BOOK THE 13 30 12 12                                      |
|---|
| FORM 990, PART VI, SECTION A, LINE 6:                                       |
| ALL MEMBERS OF THE LUTHERAN BRETHREN CHURCH ARE MEMBERS OF THIS             |
| ORGANIZATION.   |
|   |
| FORM 990, PART VI, SECTION A, LINE 7A:                                      |
| ALL MEMBERS OF THE LUTHERAN BRETHREN CHURCH ARE MEMBERS OF THE ORANIZATION. |
| ANY MEMBER CAN VOTE AT THE ANNUAL CONVENTION. IT IS AT THIS CONVENTION THAT |
| THE BOARD MEMBERS ARE ELECTED.  |
|   |
| FORM 990, PART VI, SECTION A, LINE 7B:                                      |
| AT THE ANNUAL CONVENTION.   |
| TORK COOL PARKET GEOMEON R. LEVE 11 R                                       |
| FORM 990, PART VI, SECTION B, LINE 11B:                                     |
| AVAILABLE FOR REVIEW AT THE BOARD MEETING.                                  |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |
| UPON REQUEST AT THE OFFICE OF THE ORGANIZATION                              |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

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

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2017

OMB No 1545-0047

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

Employer identification number 45-3342446

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 LUTHERAN BRETHREN WOODLAND LODGE INC Name of the organization Part

|         | (a) Name, address, and EIN (if applicable) of disregarded entity   | (b) Primary activity                   | (c) Legal domicile (state or foreign country) | (d)<br>Total income    | (e)<br>End-of-year assets | (f) Direct controlling entity |
|---------|--|--|---|------------------------|---------------------------|-------------------------------|
|         |  |  |   |                        |                           |                               |
|         |  |  |   |                        |                           |                               |
|         |  |  |   |                        |                           |                               |
|         |  |  |   |                        | :                         |                               |
| 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 | ions. Complete if the organization ans | wered "Yes" on Form 990, Pa                   | rt IV, line 34, becaus | se it had one or more     | related tax-exempt            |

| (a) Name, address, and EIN of related organization                     | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? | 2(b)(13)       |
|--|-------------------------|---|-------------------------------|---------------------------------------|-------------------------------|--|----------------|
|  |                         |   |                               | 501(c)(3))                            |                               | Yes  | N <sub>o</sub> |
| LUTHERAN BRETHREN RETIREMENT SERVICES INC                              |                         |   |                               |                                       |                               |  |                |
| 41-1597277, 805 E CHANNING, FERGUS FALLS, MN                           |                         |   | ·                             |                                       |                               |  |                |
| 56537  | NURSING HOME            | MINNESOTA                                     | 501(C)                        | YES                                   |                               |  | ×              |
| LUTHERAN BRETHREN HOMES INC 41-1377263                                 |                         |   |                               |                                       |                               |  |                |
| 805 E CHANNING   | MANAGEMENT COMPANY AND  |   |                               |                                       |                               |  |                |
| FERGUS FALLS, MN 56537   | HOME CARE SERVICES      | MINNESOTA                                     | 501(C)                        | YES                                   |                               |  | ×              |
| LUTHERAN BRETHREN HOSPICE CARE SERVICES INC.                           |                         |   |                               |                                       |                               |  |                |
| - 45-3342092, 805 E CHANNING, FERGUS FALLS,                            |                         |   |                               |                                       |                               |  |                |
| MN 56537   | HOSPICE CARE            | MINNESOTA                                     | 501(C)                        | YES                                   |                               |  | ×              |
| LUTHERAN BRETHREN HOME HEALTH SERVICES IN                              |                         |   |                               |                                       |                               |  |                |
| 45-3342172, 805 E CHANNING, FERGUS FALLS, MN                           |                         |   |                               |                                       |                               |  |                |
| 56537  | HOME HEALTH SERVICES    | MINNESOTA                                     | 501(C)                        | YES                                   |                               |  | ×              |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | is for Form 990.        |   |                               |                                       | Schedule R (Form 990) 2017    | Form 990   | ) 2017         |

45-3342446

LUTHERAN BRETHREN WOODLAND LODGE INC

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

| (a) Name, address, and EIN      | (b) Primary activity     | (c)<br>Legal domicile (state or | de      | (e)<br>Public charity            | olling | (g)<br>Section 512(b)(13)<br>controlled | 2(b)(13)<br>led |
|---------------------------------|--------------------------|---------------------------------|---------|----------------------------------|--------|---|-----------------|
| of related organization         |                          | foreign country)                | section | status (if section<br>501(c)(3)) | entity | Yes                                     | No No           |
| RAN BRETHREN SHERIDAN HOUSE INC |                          |                                 | ( )     |                                  |        |   | >               |
| A                               | ASSISTED LIVING FACILITY | MINNESOTA                       | 501(C)  | Y ES                             |        |   | 4               |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |
| *                               |                          |                                 |         |                                  |        |   |                 |
|                                 |                          |                                 |         |                                  |        |   |                 |

45-3342446

Page 2

•;

Schedule R (Form 990) 2017 LUTHERAN BRETHREN WOODLAND LODGE INC

Identrication 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

| General or Percentage managing ownership                            |        |  |   |
|---|--------|--|---|
| (j)<br>eneral or<br>anaging<br>artner?                              |        |  |   |
| Code V-UBI Gamount in box m 20 of Schedule B                        |        |  |   |
| ortonate  |        |  |   |
| (g) Share of Distended of Sassets                                   |        |  |   |
| (f)<br>Share of total<br>income                                     |        |  |   |
| (e) Predominant income (related, unrelated, excluded from tax under |        |  |   |
| (d) Direct controlling entity                                       |        |  |   |
| (C) Legal domicile (state or foreign                                | (famor |  |   |
| (b) Primary activity  |        |  | : |
| (a) Name, address, and EIN of related organization                  |        |  |   |

| ا ت  |    |
|--|----|
| ore relate   | ;  |
| ause it had one or more i  |    |
| it had o   |    |
| , because  |    |
| t IV, line 34, becau   |    |
| s" on Form 990, Part IV  | ,  |
| ss" on Form  | •  |
| nswered "Yes"  | •  |
| ie organization answ   |    |
| te if the  | ļ. |
| . Comple   | L  |
| r Trust.   |    |
| poration o<br>x year   | ;  |
| as a Cor<br>ng the ta  |    |
| <b>Taxable</b><br>trust dun  |    |
| zations<br>ation or 1  |    |
| <b>i Organ</b> i<br>a corpor   |    |
| Related as   |    |
| ation of   |    |
| Identification of Related Organizations Taxable as a Corporati organizations treated as a corporation or trust during the tax year |    |
| Part IV Id   |    |
| ;۵;  |    |

| ١   |          | ~-   | اه ا    |      |   |   |   |   |   |   |   |  |  |    | l |   |  |
|---|----------|--|---------|------|---|---|---|---|---|---|---|--|--|----|---|---|--|
|   | 3        | Section<br>512(b)(13)<br>controlled<br>entity? | Yes No  | <br> |   |   |   |   |   |   |   |  |  |    | - |   |  |
|   |          | % 8 -<br>9 0                                   | Υe      |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   | Ē        | Percentage<br>ownership                        |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          |  |         |      |   |   |   |   |   | _ |   |  |  |    | _ |   |  |
|   | _        | Share of end-of-year                           | SIS     |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   | <u>6</u> | Shar<br>end-of                                 | gSS     |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          |  |         |      |   |   |   |   |   |   |   |  |  |    | _ |   |  |
|   | Ξ        | of tota<br>ome                                 |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          | Share of total income                          |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          |  |         | •    |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   | (e)      | of ent<br>p, S.cc                              | (LCDSt) |      |   |   |   |   | : |   |   |  |  |    |   |   |  |
|   |          | Type of entity (C corp, S corp,                | 5       |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          | guill  |         | <br> |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   | 9        | contro   |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          | Direct controlling entity                      |         |      |   | ı |   |   |   |   |   |  |  |    |   |   |  |
|   | -        |  | 3 :     |      |   |   |   |   |   |   |   |  |  |    |   | - |  |
|   | <u>၁</u> | Legal domicite<br>(state or<br>foreign         | count   |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          |  |         |      | _ |   |   |   |   |   |   |  |  |    |   |   |  |
|   |          | tivity   |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 300   | (q)      | Primary act                                    |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 2   |          | Prin   |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 6   |          |  |         | <br> | 1 |   | _ | Г |   | _ | _ |  |  | _  |   |   |  |
| 5   |          |  |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 5   |          |  |         |      |   |   |   | İ |   |   |   |  |  |    |   |   |  |
|   |          | ے ∑  |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 2   |          | and E  |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 200   | (a)      | dress,<br>d organ                              |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| organizations treated as a corporation of trust during the tax year |          | Name, address, and EIN of related organization |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| אוולמוו   |          | Na<br>of                                       |         |      |   |   |   |   |   |   |   |  |  |    |   |   |  |
| 5   |          |  |         |      |   |   |   |   |   |   |   |  |  |    | / |   |  |
|   |          |  |         |      |   |   |   |   |   |   |   |  |  | į, |   |   |  |
| ,   |          |  |         |      | l |   |   |   | ŀ | l |   |  |  |    |   |   |  |

28

Schedule R (Form 990) 2017

Page 3

å

Yes

×

₽ 우 7 <u>e</u>

19

×

×

19 ŧ ×

=

Ę

¥

=

두 9 유 19 ÷

× ×

¥

•

# LUTHERAN BRETHREN WOODLAND LODGE INC Schedule R (Form 990) 2017

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s) 6
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

| ed organization(s) |
|--------------------|
| rganization(s)     |
| - I                |

| (a) Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d) Method of determining amount involved |
|----------------------------------|----------------------------------|------------------------|---|
| (1) LUTHERAN BRETHREN HOMES INC  | ы                                | 136968.COST            | COST                                      |
| (2) LUTHERAN BRETHREN HOMES INC  | ×                                | 122100.COST            | COST                                      |
| (3) LUTHERAN BRETHREN HOMES INC  | 0                                | 185200.COST            | COST                                      |
| (4) LUTHERAN BRETHREN HOMES INC  | ×                                | 6840.COST              | COST                                      |
|                                  |                                  |                        |   |
|                                  |                                  |                        |   |

Schedule R (Form 990) 2017

Page 4

į,

Schedule R (Form 990) 2017 LUTHERAN BRETHREN WOODLAND LODGE 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

| Share of Share of Dispoper. Code V-UBI General or Percentage total end-of-year allocations? of Schedule K-1 parner? or Schedule K-1 parner? or Schedule K-1 parner? or Schedule K-1 parner? |  |  |  |
|---|--|--|--|
| Legal domicile Predominant income parties set (state or foreign excluded from tax under set country) sections 512-514) Yes No   |  |  |  |
| (b) (country activity Legal country (state o  |  |  |  |
| (a) Name, address, and EIN of entity  |  |  |  |

| Schedule R (Form 990) 2017                             | LUTHERAN                               | BRETHREN                              | WOODLAND          | LODGE       | INC     | 45-3342446 Page 5                            |
|--|--|---------------------------------------|-------------------|-------------|---------|--|
| Schedule R (Form 990) 2017 Part VII   Supplemental Inf | ormation.                              |                                       |                   |             |         |  |
| Provide additional info                                | rmation for responses                  | to questions on S                     | Schedule R See in | structions  |         |  |
|  |  |                                       |                   |             |         |  |
|  | · <del></del>                          |                                       | ···               |             |         | <del></del>                                  |
|  |  |                                       |                   |             |         |  |
|  |  | <del></del>                           |                   |             |         | · · · · · · · · · · · · · · · · · · ·        |
|  |  |                                       |                   |             |         |  |
| <del></del>  |  | <del></del>                           |                   | ··          |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             | -       | ·  |
|  |  |                                       |                   |             |         |  |
|  | ······································ |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         | <u>.                                    </u> |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  | <del></del>                            |                                       | <del>.</del>      | ·           |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  | <del></del> ,                         | ···               |             |         |  |
|  |  |                                       |                   |             |         |  |
|  | <del></del>                            |                                       |                   |             |         | <del></del>                                  |
|  |  |                                       |                   |             |         |  |
|  | ·                                      |                                       |                   |             |         | <u> </u>                                     |
|  |  |                                       |                   |             | •       |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
| <del></del>  |  | <del></del>                           |                   | <del></del> |         | <del> </del>                                 |
|  |  |                                       |                   |             |         |  |
|  |  | · · · · · · · · · · · · · · · · · · · |                   |             | <u></u> | <del></del>                                  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       | <del></del>       |             |         | *      |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         | <del></del>                                  |
|  |  | · <del></del> -                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   |             |         |  |
|  |  |                                       |                   | . <u>-</u>  | <u></u> |  |
|  |  |                                       |                   |             |         |  |