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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Lutheran Social Services of Illinois

Number and street (or P O box if mail is not delivered to street address) Room/suite
1001 E Touhy Avenue Suite 50

City or town, state or country, and ZIP + 4
Des Plaines, IL 60018

D Employer identification number 36-2584799

E Telephone number (847) 635-4600

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☑ Yes ☐ No

I Group Exemption Number ▶ 9386

G Web site: ▶ www lssi org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 106,063,554

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue 1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	10,302,644		
c	Indirect public support (not included on line 1a)	1c	692,358		
d	Government contributions (grants) (not included on line 1a)	1d	68,080,910		
e	**Total** (add lines 1a through 1d) (cash $ 79,075,912 noncash $)			1e	79,075,912
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	16,095,516
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	455,407
6a	Gross rents	6a	49,622		
b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a			6c	49,622
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	2,836,136	8a	6,612,563
b	Less cost or other basis and sales expenses	3,184,395	8b	473,485
c	Gain or (loss) (attach schedule)	-348,259	8c	6,139,078

d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	5,790,819
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	938,398
12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	102,405,674
Expenses 13	Program services (from line 44, column (B))			13	86,867,000
14	Management and general (from line 44, column (C))			14	8,559,717
15	Fundraising (from line 44, column (D))			15	2,428,293
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** Add lines 16 and 44, column (A)			17	97,855,010
Net Assets 18	Excess or (deficit) for the year Subtract line 17 from line 12			18	4,550,664
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	8,791,665
20	Other changes in net assets or fund balances (attach explanation)			20	8,137,598
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	21,479,927

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ☐	22b				
23	Specific assistance to individuals (attach schedule)	23	1,231,851	1,231,851		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,034,278		1,034,278	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	69,182		69,182	
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	49,831,810	44,755,479	3,639,420	1,436,911
27	Pension plan contributions not included on lines 25a, b and c	27	2,324,187	2,064,910	199,868	59,409
28	Employee benefits not included on lines 25a - 27	28	4,748,067	4,383,620	297,785	66,662
29	Payroll taxes	29	4,180,629	3,753,066	327,999	99,564
30	Professional fundraising fees	30				
31	Accounting fees	31	584,263	151,649	432,614	
32	Legal fees	32	177,835	102,568	65,962	9,305
33	Supplies	33	3,669,898	3,463,683	95,791	110,424
34	Telephone	34	935,718	814,271	106,118	15,329
35	Postage and shipping	35	299,118	195,628	85,865	17,625
36	Occupancy	36	6,703,201	6,023,166	633,678	46,357
37	Equipment rental and maintenance	37	875,695	852,339	17,333	6,023
38	Printing and publications	38	740,108	316,208	276,740	147,160
39	Travel	39	2,357,442	2,235,837	75,477	46,128
40	Conferences, conventions, and meetings	40	198,111	95,806	79,583	22,722
41	Interest	41	742,703	614,015	120,357	8,331
42	Depreciation, depletion, etc (attach schedule)	42	2,066,205	1,387,912	616,525	61,768
43	Other expenses not covered above (itemize)					
a	OTHER PROFESSIONAL FEES	43a	13,844,775	13,438,801	182,865	223,109
b	DUES AWARDS & GRANTS	43b	125,579	96,914	24,968	3,697
c	REPAIRS & MAINTENANCE	43c	491,693	337,588	152,540	1,565
d	OTHER OPERATING	43d	622,662	551,689	24,769	46,204
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	97,855,010	86,867,000	8,559,717	2,428,293

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______, **(ii)** the amount allocated to Program services $ ______, **(iii)** the amount allocated to Management and general $ ______, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ THE AGENCY THROUGH SERVICE AND ADVOCACY SEEKS TO BRING HEALING, JUSTICE AND WHOLENESS TO PERSONS AND TO ENHANCE THE QUALITY OF PEOPLE'S LIVES All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a See Additional Data Table (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	86,867,000

Part IV **Balance Sheets** ***(See the instructions.)***

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments		8,533,190	46	
	47a	Accounts receivable	47a 10,813,723			
	b	Less allowance for doubtful accounts	47b 787,208	10,500,650	47c	10,026,515
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a 6,526,480			
	b	Less allowance for doubtful accounts	51b	19,438,507	51c	6,526,480
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		1,303,470	53	786,684
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			54a	7,985,098
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 36,711,882			
	b	Less accumulated depreciation (attach schedule)	57b 23,570,811	13,828,866	57c	13,141,071
	58	Other assets, including program-related investments (describe ▶)		259,667	58	26,821,926
	59	**Total assets** (must equal line 74) Add lines 45 through 58		53,864,350	59	65,287,774
Liabilities	60	Accounts payable and accrued expenses		24,147,597	60	23,154,867
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		20,229,500	64b	20,623,419
	65	Other liabilities (describe ▶)		695,588	65	29,561
	66	**Total liabilities** Add lines 60 through 65		45,072,685	66	43,807,847
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		5,982,823	67	13,423,713
	68	Temporarily restricted		2,808,842	68	5,791,393
	69	Permanently restricted			69	2,264,821
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		8,791,665	73	21,479,927
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		53,864,350	74	65,287,774

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	109,058,057
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**	13,331,011		
	Add lines **b1** through **b4**			**b**	13,331,011
c	Subtract line **b** from line **a**			**c**	95,727,046
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	6,678,628		
	Add lines **d1** and **d2**			**d**	13,331,011
e	**Total revenue** (Part I, line 12) Add lines **c** and **d**			**e**	102,405,674

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	109,648,247
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**	170,732		
4	Other (specify)	**b4**	13,278,456		
	Add lines **b1** through **b4**			**b**	13,449,188
c	Subtract line **b** from line **a**			**c**	96,199,059
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	1,655,951		
	Add lines **d1** and **d2**			**d**	1,655,951
e	**Total expenses** (Part I, line 17) Add lines **c** and **d**			**e**	97,855,010

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
Larry W Lutey 1001 E Touhy Avenue Suite 50 Des Plaines, IL 60018	0	58,235	5,871	5,076

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	**77**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI **Other Information** *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	**82a**		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	**83a**	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	**83b**	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	**84a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**84b**		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	**85a**		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	**85b**		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	**85g**		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	**85h**		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a**			
b	Gross receipts, included on line 12, for public use of club facilities **86b**			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	**88a**	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	**88b**		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	**89b**		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	**89e**		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	**89f**		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**89g**		

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 2,096

91a The books are in care of ▶ LUTHERAN SOCIAL SERVICES OF ILLINOI Telephone no ▶ (847) 635-4600

Located at ▶ 1001 E TOUHY AVE SUITE 50 DES PLAINES, IL ZIP + 4 ▶ 60018

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**91b**		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
If "Yes," enter the name of the foreign country ▶			
92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . ▶ ☐			
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶	92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES including subsidiaries					16,095,516
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities . . .			14	455,407	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	49,622	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	5,790,819	
101 Net income or (loss) from special events . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue **a** Miscellaneous			03	137,170	
b Mgmt Expense Reimbursement From Related Agencies					801,228
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .				6,433,018	16,896,744

105 Total (add line 104, columns (B), (D), and (E)) . . . . ▶ 23,329,762

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	THE AGENCY THROUGH SERVICE AND ADVOCACY SEEKS TO BRING HEALING, JUSTICE AND WHOLENESS TO PERSONS AND TO ENHANCE THE QUALITY OF PEOPLE'S LIVES THE FEES ARE COLLECTED TO HELP PROVIDE A WIDE RANGE OF SOCIAL SERVICES
103b	REIMBURSEMENT TO LUTHERAN SOCIAL SERVICES OF ILLINOIS FOR MANAGEMENT SERVICES PROVIDED TO AFFILIATED NON-PROFIT ORGANIZATIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
LUTHER CENTER INC 1001 E TOUHY AVE SUITE 50 DES PLAINES, IL60018 36-2903955	10000 00 %	REAL ESTATE	723	-3,747
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . ☐ **Yes** ☑ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ **Yes** ☑ **No**

NOTE: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

****** — Signature of officer

2009-04-08 — Date

Gerald E Noonan CFO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Troy E Marine	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: Virchow Krause & Co LLP, 115 S 84th Street Suite 400, Milwaukee, WI 53214			EIN
			Phone no (414) 777-5500

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
Lutheran Social Services of Illinois

Employer identification number
36-2584799

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	(d) Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
MICHAEL J OUSKA 2007 N BRIGHTON ARLINGTON HEIGHTS, IL 60004	CHIEF INFO OFFICER 37 50	160,062	15,302	0
MARYANN L AIMONE 687 GLASGOW LANE PROSPECT HEIGHTS, IL 60070	ASST VP OF ADV 37 50	154,000	3,657	6,000
SUSAN L GILPIN 246 IMPERIAL ST PARK RIDGE, IL 60068	DIR OF PLAN GIV 37 50	119,231	316	0
JAMES G BEDNAR 6 MARBERRY PROSPECT HEIGHTS, IL 60070	SR DIR OF TECH SPT 37 50	113,479	5,148	0
FRANK N CHIARELLA 334 SUTCLIFFE CIR VERNON HILLS, IL 60061	DIR OF TREAS SVS 37 50	100,470	26,263	0
Total number of other employees paid over $50,000 ▶	130			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
AEGIS THERAPIES PO BOX 8103 FORT SMITH, AR 72902	THERAPY	1,952,194
HELPING HAND REHABILITATION CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 60525	TRAINING FOR WORK PROGRAM	499,561
COMMUNITY COUNSELING CENTERS OF CHI ATTN ANNA WATSON 4740 N CLARK ST CHICAGO, IL 60640	COUNSELING SERVICES	493,905
CLIFTON GUNDERSON LLP 1301 W 22ND ST STE 1100 OAKBROOK, IL 60523	ACCOUNTINGAUDITING	353,753
SODEXHO OPERATIONS LLC 4880 PAYSPHERE CIR CHICAGO, IL 60674	DIETICIAN	165,873
Total number of others receiving over $50,000 for professional services ▶ 14		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
ADT SECURITY SERVICES PO BOX 371967 PITTSBURGH, PA 15250	SECURITY SERVICES	264,445
SUPERIOR HEALTH LINENS PO BOX 3016 DEP 5379 MILWAUKEE, WI 53201	LAUNDRY SERVICES	181,711
ANGELICA TEXTILE SERVICES PO BOX 823283 PHILADELPHIA, PA 19182	LAUNDRY SERVICES	161,488
Total number of other contractors receiving over $50,000 for other services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 226,635 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	68,699,729	65,941,695	59,587,401	62,696,540	256,925,365
16	Membership fees received					0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	17,619,265	16,297,220	14,381,014	13,769,313	62,066,812
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	688,637	774,572	422,835	570,090	2,456,134
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	336,776	229,868	149,907	189,025	905,576
23	Total of lines 15 through 22	87,344,407	83,243,355	74,541,157	77,224,968	322,353,887
24	Line 23 minus line 17	69,725,142	66,946,135	60,160,143	63,455,655	260,287,075
25	Enter 1% of line 23	873,444	832,434	745,412	772,250	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 5,205,742

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 8,155,341

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 260,287,075

d Add Amounts from column (e) for lines 18 2,456,134 19 0 22 ______ 26b 8,155,341 ▶ **26d** 11,517,051

e Public support (line 26c minus line 26d total) ▶ **26e** 248,770,024

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 9557 53 %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table—	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is—	The lobbying nontaxable amount is—
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers	Yes		
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)	Yes		
c Media advertisements		No	0
d Mailings to members, legislators, or the public	Yes		70,257
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		142,780
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		13,598
i Total lobbying expenditures (Add lines **c** through **h.**)			226,635

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

TY 2007 Depreciation and Depletion Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Asset	Amount
Buildings & Improvements	810,568
Furniture & Equipment	464,005
Transportation Equipment	88,958
IS Hardware	354,642
IS Software	348,032

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Various Fixed Assets	2008-01	PURCHASED	2008-06	unrelated	6,612,563	1,572,007		0	6,139,078	1,098,522

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	Lutheran Social Services of Illinois
EIN:	36-2584799
Gross Sales Price:	2,836,136
Basis:	3,184,395
Sales Expenses:	0
Total (net):	-348,259

TY 2007 Individual Assistance Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Class of Activity	Amount
FINANCIAL ASSISTANCE - LOANS AND GRANTS	15,149
IN HOME RESPITE	30,903
ACTIVITY FEES - RECREATION	162,617
EDUCATIONAL ASSISTANCE	12,980
CLIENT OCCUPANCY EXPENSE	90,662
CLIENT TRANSPORTASTION	19,427
Medical dental and hospital expenses provided	93,339
Direct cash assistance to indigents	806,774

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TY 2007 Land etc. Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	99,159		99,159
Buildings & Improvements	21,926,257	13,675,822	8,250,435
Furniture & Equipment	7,235,132	4,663,507	2,571,625
Transportation Equipment	1,353,966	1,036,051	317,915
IS Hardware	3,453,279	2,776,823	676,456
IS Software	2,343,085	1,418,608	924,477
Construction in Progress	301,004		301,004

TY 2007 Mortgages and Notes Payable Schedule

Name: Lutheran Social Services of Illinois
EIN: 36-2584799
Total Mortgage Amount: 0

Item No.	1
Lender's Name	ILLINOIS FINANCE AUTHORITY
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	
Date of Note	2006-12
Maturity Date	2028-12
Repayment Terms	SERIAL
Interest Rate	5.2500
Security Provided by Borrower	MORTGAGE ON RE GOV CONTRACTS
Purpose of Loan	TAX EXEMPT BOND ISSUE
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	JP MORGAN CHASE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	
Date of Note	2007-03
Maturity Date	2009-02
Repayment Terms	
Interest Rate	8.2500
Security Provided by Borrower	
Purpose of Loan	LINE OF CREDIT
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	91,818	99,066
ESCROW DEPOSITS	69,725	69,955
OTHER CURRENT ASSETS	98,124	105,906
Investment in net assets of subsidiaries	0	26,546,999

TY 2007 Other Changes in Net Assets Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Amount
Unrealized Loss on Investments	-170,732
Decrease in Unrecognized Pension Costs	-1,669,111
Effect of Adoption of Measurement Date Provisions of FASB 158	363,540
To Report Activities in Subs Not previously Recorded in Prior Years	9,613,901

TY 2007 Other Expenses Included Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Amount
Expenses From Subsidiaries Reported on Subsidiaries 990	13,278,456

TY 2007 Other Expenses Not Included Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Amount
Rent Paid to Vesper Management	1,655,951

TY 2007 Other Liabilities Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Beginning of Year Amount	End of Year Amount
RESIDENTS SPECIAL DEPOSITS	27,148	29,561
DUE TO THE CORNERSTONE FOUNDATION	668,440	0

TY 2007 Other Revenues Included Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Amount
Revenue and Net Unrealized Gains Reported on Subs 990	13,331,011

TY 2007 Other Revenues Not Included Schedule

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Description	Amount
Management Fee Expense Reimbursement From Related Agencies	801,228
Grants Received From the Cornerstone Foundation	719,872
Transfers from Cornerstone Foundation	5,157,528

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TY 2007 Non Electing Public Charities Statement

Name: Lutheran Social Services of Illinois

EIN: 36-2584799

Statement: LUTHERAN SOCIAL SERVICES OF ILLINOIS (LSSI) ENGAGES IN GRASSROOTS EDUCATION AND LOBBYING ON BEHALF OF PEOPLE IN NEED IN ILLINOIS, PUBLIC-PRIVATE HUMAN SERVICE PROGRAMS THAT ASSIST PEOPLE IN NEED AND OTHER JUSTICE ISSUES SUCHAS ENVIRONMENTAL CONCERNS, CIVIL RIGHTS AND CRIMINAL JUSTICE. THE ADVOCACYAGENDA OF LSSI IS CONSISTENT WITH THE PUBLIC POLICY POSITIONS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA).

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TY 2007 Other Income Schedule

Name: Lutheran Social Services of Illinois

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Description	2006	2005	2004	2003	Total
MISCELLANEOUS	336,776	229,868	149,907	189,025	905,576

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
SALEM VILLAGE III INC	X	
FORSBERG CHRISTIAN RETIREMENT CENTER INC	X	
PETERSON MEADOWS INC	X	
VESPER MANAGEMENT CORPORATION	X	
OUR SAVIOR'S SENIOR HOUSING INC	X	
DEKALB HOUSING FOR THE HANDICAPPED INC	X	
BATAVIA COUNCIL ON AGING INC	X	
FREEPORT SENIOR HOUSING INC	X	
NORTHWEST CHICAGO GROUP HOMES INC	X	
TABOR LUTHERAN SENIOR HOUSING INC	X	
ROCHELLE SENIOR HOUSING INC	X	
LUTHER CENTER INC		X
CORNERSTONE FOUNDATION	X	
ASSISI HOMES - DOWNER PLACE INC	X	
AURORA SENIOR HOUSING INC	X	
MATINS INC	X	
FREEPORT SENIOR HOUSING II INC	X	
DEER CREEK MANOR INC	X	
ROLLING MEADOWS SENIOR LIVING INC	X	
SPRING RIDGE HOUSING FOR SENIORS INC	X	
VICTORIAN WOODS SENIOR LIVING INC	X	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jean M Johnson 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	VP of Advancement 37 50	229,162	14,331	12,000
George F Aigner 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	President 37 50	206,000	46,375	12,000
Gerald E Noonan 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	VP of Finance - CFO 37 50	196,991	37,132	12,000
David M Jensen 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	VP Program Services - COO 37 50	127,500	1,065	12,000
Donna L Barber 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	VP of Human Resources 37 50	105,185	17,461	5,076

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Teresa Chow 1001 E Touhy Ave Suite 50 Des Plaines, IL 60018	Director 1 00	0	0	0
Wayne N Miller Bishop 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Eric J Draut 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Chairperson 1 00	0	0	0
Mary H Taylor 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Christine Tompsett 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Warren D Freiheit Bishop 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Linda K Miller 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Paul J Olson 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Wilbert A Thiel 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0
Gary M Wollersheim Bishop 1001 E Touhy Ave Suite 50 des Plaines, IL 60018	Director 1 00	0	0	0

Additional Data

Software ID:
Software Version:
EIN: 36-2584799
Name: Lutheran Social Services of Illinois

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
NURSING CARE (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	21,064,643
COMMUNITY SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	6,970,971
COMMUNITY CHILD CARE SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	37,382,868
BEHAVIORAL HEALTH SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	18,427,713
PRISONER AND FAMILY MINISTRY (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	852,191
HOUSING (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,164,995
MATINS, INC (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	3,619