

# 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)

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

OMB No 1545-0047

**2001**

Open to Public Inspection

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

**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): **1001 EAST TOUHY**  
 Room/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? **N/A**  Yes  No (if "No," attach a list)

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

I Enter 4-digit GEN: \_\_\_\_\_

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

**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's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **81,301,994.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED JUN 16 '03 Revenue

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	5,201,974.		
	b	Indirect public support	1b	1,600,124.		
	c	Government contributions (grants)	1c	58,458,769.		
	d	Total (add lines 1a through 1c) (cash \$ <b>65,260,867.</b> noncash \$ _____)	1d	65,260,867.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	13,196,250.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	350,578.		
	6a	Gross rents <b>SEE STATEMENT 1</b>	6a	249,352.		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	249,352.		
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	780,962.	(B) Other	233,705.
	b	Less cost or other basis and sales expenses	8a	1,175,249.	8b	82,035.
	c	Gain or (loss) (attach schedule)	8c	-394,287.	8c	151,670.
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 2 STMT 3</b>	8d	-242,617.		
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	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				
Revenue	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	1,230,280.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	80,044,710.			
Expenses	13	Program services (from line 44, column (B))	13	72,991,424.		
	14	Management and general (from line 44, column (C))	14	8,113,684.		
	15	Fundraising (from line 44, column (D))	15	1,098,774.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	82,203,882.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-2,159,172.			
Net Assets	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	23,525,440.		
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20	2,935,937.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	24,302,205.		

**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

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	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)	823,206.	823,206.	STATEMENT 7		
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	525,457.	0.	525,457.	0.	
26	Other salaries and wages	42,305,454.	40,242,373.	1,595,641.	467,440.	
27	Pension plan contributions	29,395.	-33,891.	37,728.	25,558.	
28	Other employee benefits	3,837,244.	3,883,126.	-72,474.	26,592.	
29	Payroll taxes	3,308,582.	3,252,248.	25,791.	30,543.	
30	Professional fundraising fees					
31	Accounting fees	1,652,165.	71,453.	1,580,712.		
32	Legal fees	184,225.	89,930.	85,790.	8,505.	
33	Supplies	2,894,600.	2,711,219.	82,961.	100,420.	
34	Telephone	926,065.	850,176.	58,198.	17,691.	
35	Postage and shipping	282,571.	137,419.	98,775.	46,377.	
36	Occupancy	4,906,775.	4,312,879.	586,374.	7,522.	
37	Equipment rental and maintenance	937,615.	870,020.	65,592.	2,003.	
38	Printing and publications	186,252.	44,859.	108,398.	32,995.	
39	Travel	1,457,028.	1,358,425.	70,350.	28,253.	
40	Conferences, conventions, and meetings	364,487.	128,904.	213,874.	21,709.	
41	Interest	641,358.	572,176.	64,457.	4,725.	
42	Depreciation, depletion, etc (attach schedule)	1,660,513.	1,268,218.	380,292.	12,003.	
43	Other expenses not covered above (itemize)					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 5	43e	15,280,890.	12,408,684.	2,605,768.	266,438.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	82,203,882.	72,991,424.	8,113,684.	1,098,774.

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**

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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)

<b>a NURSING CARE</b>		
	(Grants and allocations \$ _____)	13,936,186.
<b>b COMMUNITY SERVICES</b>		
	(Grants and allocations \$ _____)	7,896,148.
<b>c COMMUNITY CHILD CARE SERVICES</b>		
	(Grants and allocations \$ _____)	33,201,500.
<b>d BEHAVIORAL HEALTH SERVICES</b>		
	(Grants and allocations \$ _____)	16,377,688.
<b>e Other program services (attach schedule)</b>	STATEMENT 8 (Grants and allocations \$ _____)	1,579,902.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		72,991,424.

**Part IV Balance Sheets**

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	-1.	45
	46 Savings and temporary cash investments	10,614,149.	46 6,153,695.
	47 a Accounts receivable	47a 12,188,230.	
	b Less allowance for doubtful accounts	47b 2,511,130.	47c 9,677,100.
	48 a Pledges receivable	48a 1,366.	
	b Less allowance for doubtful accounts	48b	48c 1,366.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 16,068,229.	
	b Less allowance for doubtful accounts	51b	51c 16,068,229.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 3,558,103.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 25,936,609.		
b Less accumulated depreciation STMT 9	57b 14,635,242.	57c 11,301,367.	
58 Other assets (describe ▶ SEE STATEMENT 10 )		58 3,284,485.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59 48,721,829.	59 50,044,345.
Liabilities	60 Accounts payable and accrued expenses		60 8,641,087.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 11		64b 15,590,000.
	65 Other liabilities (describe ▶ SEE STATEMENT 12 )		65 70,479.
66 Total liabilities (add lines 60 through 65)		66 25,196,389.	66 25,742,140.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		67 23,383,802.
	68 Temporarily restricted		68 918,403.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, column (B) must equal line 21)		73 23,525,440.	73 24,302,205.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74 48,721,829.	74 50,044,345.

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.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
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	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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	X
b	If "Yes," enter the name of the organization <span style="float: right;">SEE STATEMENT 17</span> _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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	X
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	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 for the prior year <span style="float: right;">N/A</span>	85b	
c	Dues, assessments and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b	N/A
88	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	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">0.</span> , section 4912 <span style="float: right;">0.</span> , section 4955 <span style="float: right;">0.</span>		
b	501(c)(3) and 501(c)(4) organizations 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	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float: right;">NONE</span>		
b	Number of employees employed in the pay period that includes March 12, 2001	90b	2163
91	The books are in care of <span style="float: right;">FRANK CHIARELLA</span> Telephone no <span style="float: right;">(847) 635-4600</span> Located at <span style="float: right;">1001 E. TOUHY, SUITE 50, DES PLAINES, IL</span> ZIP + 4 <span style="float: right;">60018</span>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">92</span> <span style="float: right;">N/A</span>		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> PROGRAM SERVICE FEES					13,196,250.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	350,578.	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	249,352.	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					-242,617.
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> MISCELLANEOUS			03	467,709.	
<b>b</b> MANAGEMENT EXPENSE					
<b>c</b> REIMBURSEMENT FROM					
<b>d</b> NOT-FOR-PROFIT RELATED					
<b>e</b> AGENCIES					762,571.
<b>104</b> Subtotal (add columns (B), (D) and (E))		0.		1,067,639.	13,716,204.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					14,783,843.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

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)
▼	SEE STATEMENT 18


**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (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

I am preparing this return and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.

14/03  E. NORMAN CFO

**SCHEDULE A**  
(Form 990 or 990-EZ)

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 Section 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

**2001**

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
FRANK CHIARELLA ----- 1001 E. TOUHY DES PLAINES, ILLINOIS	FULL TIME	79,821.		
TOM S. DATTALO ----- 1001 E. TOUHY DES PLAINES, ILLINOIS	FULL TIME	70,613.		
CLAUDIA JAKES ----- 1001 E. TOUHY DES PLAINES, ILLINOIS	FULL TIME	70,555.		
JOHN W. MURPHY ----- 1001 E. TOUHY DES PLAINES, ILLINOIS	FULL TIME	74,970.		
DAVID NOVAK ----- 1001 E. TOUHY DES PLAINES, ILLINOIS	FULL TIME	70,000.		
Total number of other employees paid over \$50,000 ▶	39			

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

(See page 2 of the instructions List each one (whether individuals 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
ARTHUR ANDERSEN LLP -----	ACCOUNTING SERVICES	1777289.
SIGNALTREE SOLUTIONS, INC. -----	INFORMATION SYSTEMS SERVICES	2135052.
GLANTZ-RICHMAN REHAB. ASSOC. LTD -----	CONTRACTED REHAB THERAPY	857,208.
COMMUNITY COUNSELING CENTERS OF CHICAGO -----	CONTRACTED COUNSELING SERVIC	539,200.
HELPING HAND -----	CONTRACTED REHAB THERAPY	393,067.
Total number of others receiving over \$50,000 for professional services ▶	16	

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including 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 ▶ \$ _____ \$ <u>146,725.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) 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	<b>X</b>	
<b>2</b> 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 ) <b>SEE STATEMENT 19</b>		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans etc ? (See Note below )		<b>X</b>
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

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 33 1/3% 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 33 1/3% 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	65,862,138.	66,041,424.	70,471,787.	69,892,548.	272,267,897.
16 Membership fees received					
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	13,544,282.	15,168,353.	14,749,464.	14,880,418.	58,342,517.
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	705,233.	841,641.	1,827,358.	1,872,670.	5,246,902.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	656,155.	2,284,793.	SEE STATEMENT 20 1,122,246.	1,508,455.	5,571,649.
23 Total of lines 15 through 22	80,767,808.	84,336,211.	88,170,855.	88,154,091.	341,428,965.
24 Line 23 minus line 17	67,223,526.	69,167,858.	73,421,391.	73,273,673.	283,086,448.
25 Enter 1% of line 23	807,678.	843,362.	881,709.	881,541.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 5,661,729.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 283,086,448.
d Add: Amounts from column (e) for lines 18 5,246,902. 19 _____					26d 10,818,551.
22 5,571,649. 26b _____					
e Public support (line 26c minus line 26d total)					26e 272,267,897.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.1784%
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. N/A				
(2000)	(1999)	(1998)	(1997)		
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 11, 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. N/A					
(2000)	(1999)	(1998)	(1997)		
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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?		
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?		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
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 a 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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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) N/A

(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
		N/A	
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 -			
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		
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		

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)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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	X		
b Paid staff or management (Include compensation in expenses reported on lines e through h)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		45,852.
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		91,703.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		9,170.
i Total lobbying expenditures (Add lines c through h)			146,725.

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

SEE STATEMENT 21



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
4	BUILDINGS & IMPROVEMENTS	VARIESSL		.000	16	17212564.			17212564.	9234195.		670,263.
7	FURNITURE & EQUIPMENT	VARIESSL		.000	16	3977675.			3977675.	1968864.		328,954.
10	TRANSPORTATION EQUIPMENT	VARIESSL		.000	16	1245430.			1245430.	714,475.		170,524.
12	IS HARDWARE	VARIESSL		.000	16	2007234.			2007234.	794,798.		389,333.
14	IS SOFTWARE	VARIESSL		.000	16	628,604.			628,604.	262,397.		101,439.
15	WORK-IN-PROCESS	VARIES		.000	16	733,936.			733,936.			0.
16	(D) ASSETS DISPOSED OF DURING YEAR	VARIESSL		.000	16	3193325.			3193325.	3111290.		0.
17	LAND	VARIESL				131,166.			131,166.			0.
	* TOTAL 990 PAGE 2 DEPR					29129934.		0.	0.29129934.	16086019.	0.	1660513.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LOW INCOME HOUSING	1	249,352.
TOTAL TO FORM 990, PART I, LINE 6A		249,352.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	780,962.	1,175,249.	0.	-394,287.
TOTAL TO FM 990, PART I, LN 8	780,962.	1,175,249.	0.	-394,287.

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**FORM 990**                      **GAIN (LOSS) FROM SALE OF OTHER ASSETS**                      **STATEMENT**      **3**


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DESCRIPTION	DATE	DATE	METHOD		
	ACQUIRED	SOLD	ACQUIRED		
SALE OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
UNRELATED THIRD PARTIES	233,705.	3,193,325.	0.	3,111,290.	151,670.
TO FM 990, PART I, LN 8	233,705.	3,193,325.	0.	3,111,290.	151,670.

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **4**


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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-14,776.
CUMULATIVE EFFECT OF ACCOUNTING CHANGE	2,445,811.
EQUITY IN EXCESS REVENUES OVER EXPENSES OR (EXPENSES OVER REVENUES) OF SUBSIDIARIES:	
FORSBERG CHRISTIAN RETIREMENT CENTER, INC.	-23,629.
PETERSON MEADOWS, INC.	159,560.
SALEM VILLAGE III, INC.	-67,107.
BATAVIA COUNCIL ON AGING, INC.	-29,995.
DEKALB HOUSING FOR THE HANDICAPPED, INC.	-14,637.
NORTHWEST CHICAGO GROUP HOMES, INC.	16,530.
VESPER MANAGEMENT CORPORATION	49,843.
FREEPORT SENIOR HOUSING, INC.	61,921.
OUR SAVIOR'S SENIOR HOUSING, INC.	144,028.
TABOR SENIOR HOUSING, INC.	76,144.
ROCHELLE SENIOR HOUSING, INC.	26,310.
FREEPORT SENIOR HOUSING, INC. II	220.
AURORA SENIOR HOUSING, INC.	-13,760.
ASSISI HOMES - DOWNER PLACE, INC.	110,363.
MATINS, INC.	9,111.
TOTAL TO FORM 990, PART I, LINE 20	2,935,937.

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
OTHER PROFESSIONAL FEES	13,556,739.	11,169,284.	2,203,572.	183,883.	
OTHER OPERATING	831,937.	726,715.	90,465.	14,757.	
DUES AWARDS & GRANTS	110,617.	74,326.	34,138.	2,153.	
REPAIRS & MAINTENANCE	252,826.	222,845.	28,030.	1,951.	
ADVERTISING & PROMOTION	180,995.	69,707.	47,624.	63,664.	
I.S. COMMUNICATIONS	347,776.	145,807.	201,939.	30.	
<b>TOTAL TO FM 990, LN 43</b>	<b>15,280,890.</b>	<b>12,408,684.</b>	<b>2,605,768.</b>	<b>266,438.</b>	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	6
PART III			

## EXPLANATION

THE AGENCY THROUGH SERVICE AND ADVOCACY SEEKS TO BRING HEALING, JUSTICE AND WHOLENESS TO PERSONS AND TO ENHANCE THE QUALITY OF PEOPLE'S LIVES.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	7
DESCRIPTION	AMOUNT		
FINANCIAL ASSISTANCE - LOANS AND GRANTS	36,282.		
ACTIVITY FEES RECREATION	8,953.		
IN HOME RESPITE	22,932.		
CLIENT OCCUPANCY EXPENSE	38,630.		
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	629,281.		
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	87,128.		
<b>TOTAL TO FORM 990, PART II, LINE 23</b>	<b>823,206.</b>		

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	8
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
PRISONER AND FAMILY MINISTRY HOUSING		364,362.	
MATINS, INC.		1,798,489.	
OTHER PROGRAMS		3,858.	
		-586,807.	
TOTAL TO FORM 990, PART III, LINE E		1,579,902.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS & IMPROVEMENTS	17,212,564.	9,904,458.	7,308,106.
FURNITURE & EQUIPMENT	3,977,675.	2,297,818.	1,679,857.
TRANSPORTATION EQUIPMENT	1,245,430.	884,999.	360,431.
IS HARDWARE	2,007,234.	1,184,131.	823,103.
IS SOFTWARE	628,604.	363,836.	264,768.
WORK-IN-PROCESS	733,936.	0.	733,936.
LAND	131,166.	0.	131,166.
TOTAL TO FORM 990, PART IV, LN 57	25,936,609.	14,635,242.	11,301,367.

FORM 990	OTHER ASSETS	STATEMENT	10
DESCRIPTION		AMOUNT	
SECURITY DEPOSITS		107,211.	
ESCROW DEPOSITS		67,739.	
DUE FROM THE COUNERSTONE FOUNDATION		3,109,535.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		3,284,485.	

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

ILLINOIS HEALTH FACILITIES AUTH. SERIES 1993, SERIAL

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
/ /93	/ /20	0.	6.13%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
MORTGAGE ON R/E & GOV. CONTRACTS	TAX EXEMPT BOND ISSUE

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	15,590,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		15,590,000.

FORM 990 OTHER LIABILITIES STATEMENT 12

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	38,201.
RESIDENT'S SPECIAL DEPOSITS	32,278.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	70,479.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
REVENUE FROM SUBSIDIARIES REPORTED ON SUBSIDIARIES 990'S		8,696,319.
TOTAL TO FORM 990, PART IV-A		8,696,319.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
DESCRIPTION		AMOUNT
MANAGEMENT FEE EXPENSES REIMBURSED BY RELATED AGENCIES		762,571.
EXPENSES FROM SUBSIDIARIES REPORTED ON SUBSIDIARIES 990		6,934,613.
TOTAL TO FORM 990, PART IV-B		7,697,184.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 15
DESCRIPTION		AMOUNT
MANAGEMENT FEE EXPENSE REIMBURSEMENT FROM RELATED AGENCIES		762,571.
GRANT REVENUE FROM CORNERSTONE FOUNDATION		2,880,379.
TOTAL TO FORM 990, PART IV-A		3,642,950.

## LUTHERAN SOCIAL SERVICES OF ILLINOIS

36-2584799

FORM 990 : PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 16  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THE REV. PAUL J. OLSON 2477 W. WASHINGTON ST. SPRINGFIELD, IL 62702	VICE CHAIRPERSON VARIOUS	0.	0.	0.
MS. SHEILA GOINS 1311-F.S. PLYMOUTH COURT CHICAGO, IL 60605	SECRETARY VARIOUS	0.	0.	0.
MR. DAVID M. A. JENSEN 160 ARDMORE ROAD DES PLAINES, IL 60016	TREASURER VARIOUS	0.	0.	0.
LORETTA M. FLANAGAN 18509 RIVER ROAD HAZEL CREST, IL 60429	DIRECTOR VARIOUS	0.	0.	0.
MARTHA A. HESSE 1039 E. JULES ST. ARLINGTON HEIGHTS, IL 60004	DIRECTOR VARIOUS	0.	0.	0.
DR. LYNN C. SMITH 1402 W. FREEMAN CARBONDALE, IL 62901	DIRECTOR VARIOUS	0.	0.	0.
LEONA PETERSON-SPEAR 110 27TH AVENUE MOLINE, IL 61265	DIRECTOR VARIOUS	0.	0.	0.
REV. WARREN D. FREIHEIT 524 SOUTH FIFTH STREET SPRINGFIELD, IL 62701-1822	EX OFFICIO VARIOUS	0.	0.	0.
MARY E. NORMAN 6233 PARK RIDGE ROAD LOVES PARK, IL 61111	DIRECTOR VARIOUS	0.	0.	0.
THE REV. GARY M. WOLLERSHEIM 103 WEST STATE STREET ROCKFORD, IL 61101	EX OFFICIO VARIOUS	0.	0.	0.
THE REV. RUTH E. VANDEMARK 2046 W. PIERCE AVE. CHICAGO, IL 60622	CHAIRPERSON VARIOUS	0.	0.	0.

## LUTHERAN SOCIAL SERVICES OF ILLINOIS

36-2584799

MR. JAMES J. MITCHELL 20556 ABBEY DRIVE FRANKFORT, IL 60423	DIRECTOR VARIOUS	0.	0.	0.
THE REV. DONALD B. MYROM 930 W. HIGGINS ROAD SCHAUMBURG, IL 60195	DIRECTOR VARIOUS	0.	0.	0.
MR. DAVID R. RYDELL 2390 BLACKHAWK ROAD ROCKFORD, IL 61125-1007	DIRECTOR VARIOUS	0.	0.	0.
THE REV. STEPHEN D. BARNES 3901 N. WAR MEMORIAL DRIVE PEORIA, IL 61614	DIRECTOR VARIOUS	0.	0.	0.
BETSEY BRODAHL 639 38TH STREET ROCK ISLAND, IL 61201	DIRECTOR VARIOUS	0.	0.	0.
THE REV. R. JOE MAREK 3300 RURAL STREET ROCKFORD, IL 61107-3600	DIRECTOR VARIOUS	0.	0.	0.
THE REV. PAUL R. LANDAHL 1420 W. DICKENS AVE. CHICAGO, IL 606014	EX OFFICIO VARIOUS	0.	0.	0.
PASTOR FREDERICK AIGNER 1001 EAST TOUHY DES PLAINES, IL 60018	PRESIDENT 40	140,065.	0.	0.
LARRY LUTEY 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 40	101,943.	0.	0.
PAUL BRINKMAN 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 40	109,152.	0.	0.
SUSAN GREGORY 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 40	118,835.	0.	0.
GERALD E. NOONAN 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 40	55,462.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		525,457.	0.	0.

LUTHERAN SOCIAL SERVICES OF ILLINOIS

36-2584799

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 17  
PART VI, LINE 80B

NAME OF 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 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	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 18

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE AGENCY THROUGH SERVICE AND ADVOCACY SEEKS TO BRING HEALING, JUSTICE AND WHOLENESS TO PERSONS AND TO ENCHANCE 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

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 19

SEE PART V FOR COMPENSATION AMOUNTS PAID TO OFFICERS.

## LUTHERAN SOCIAL SERVICES OF ILLINOIS

36-2584799

SCHEDULE A		OTHER INCOME			STATEMENT 20
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	
SALES TO PUBLIC	0.	0.	0.	52,286.	
MISCELLANEOUS	172,126.	2,284,793.	760,947.	193,969.	
MANAGEMENT EXPENSE					
REIMBURSEMENT FROM RELATED AGENCIES	484,029.	0.	241,266.	1,160,810.	
FUNDRAISING EVENTS - SALES TO PUBLIC NET	0.	0.	120,033.	101,390.	
<b>TOTAL TO SCHEDULE A, LINE 22</b>	<b>656,155.</b>	<b>2,284,793.</b>	<b>1,122,246.</b>	<b>1,508,455.</b>	

SCHEDULE A		STATEMENT OF LOBBYING ACTIVITIES - PART VI-B			STATEMENT 21
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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 SUCH AS ENVIRONMENTAL CONCERNS, CIVIL RIGHTS AND CRIMINAL JUSTICE. THE ADVOCACY AGENDA OF LSSI IS CONSISTENT WITH THE PUBLIC POLICY POSITIONS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA).

**Depreciation and Amortization**  
**(Including Information on Listed Property)** 990

▶ See separate instructions. ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**LUTHERAN SOCIAL SERVICES OF ILLINOIS**

**FORM 990 PAGE 2**

**36-2584799**

**Part I Election To Expense Certain Tangible Property Under Section 179 Note** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	1,660,513.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15-year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,660,513.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	LUTHERAN SOCIAL SERVICES OF ILLINOIS	36-2584799
	Number, street, and room or suite no. If a P O box, see instructions 1001 EAST TOUHY, NO. 50	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES PLAINES, IL 60018	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year \_\_\_\_\_ or

tax year beginning JUL 1, 2001, and ending JUN 30, 2002

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature James B. Thomas Title CPA Date 11/12/02

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>LUTHERAN SOCIAL SERVICES OF ILLINOIS</b>	Employer identification number <b>36-2584799</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1001 EAST TOUHY, NO. 50</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>DES PLAINES, IL 60018</b>	

Check type of return to be filed (File a separate application for each return)

- Form 990     Form 990-EZ     Form 990-T (sec 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP- Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2003

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002

6 If this tax year is for less than 12 months, check reason  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO OBTAIN ALL INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE FORM 990 TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature James B. Thomas Title CPA Date 2/17/03

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

**EXTENSION APPROVED**  
**FEB 25 2003**  
**LINDA WEISKOPE, FIELD DIRECTOR,**  
**SUBMISSION PROCESSING, OGDEN**

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print. 123832 07-18-01	Name <b>CLIFTON GUNDERSON LLP</b>
	Number and street (include suite, room, or apt no.) Or a P O box number <b>1301 W. 22ND STREET, SUITE 1100</b>
	City or town, province or state, and country (including postal or ZIP code) <b>OAK BROOK, ILLINOIS 60523</b>