SCANNED MAR 07 2007

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

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 [X] 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 [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

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? [X] Yes [ ] No

G Website: ▶WWW.LSSI.ORG

J Organization type (check only one) ▶ [X] 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 chooses to file a return, be sure to file a complete return. Some states require a complete return

I Group Exemption Number ▶ 9386

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 ▶ 85,051,743.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	649,314.		
	b	Indirect public support	1b	2,766,233.		
	c	Government contributions (grants)	1c	63,818,245.		
	d	Total (add lines 1a through 1c) (cash $ 67,233,792. noncash $)			1d	67,233,792.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	16,297,220.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	558,145.
	6 a	Gross rents SEE STATEMENT 1	6a	216,427.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	216,427.
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a	1,903.		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c	1,903.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2			8d	1,903.
	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 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	
	10 a	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	744,256.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	85,051,743.
Expenses	13	Program services (from line 44, column (B))			13	81,546,189.
	14	Management and general (from line 44, column (C))			14	8,206,434.
	15	Fundraising (from line 44, column (D))			15	1,819,652.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	91,572,275.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-6,520,532.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	10,263,489.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	8,717,753.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	12,460,710.

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523001 02-03-06 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2005)

09440201 099375 027-59742-09 2005.08010 LUTHERAN SOCIAL SERVICES OF 027-59A1

965

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 $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22				
23 Specific assistance to individuals (attach schedule)	23	1,090,595.	1,090,595.	STATEMENT 5	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	898,157.	0.	898,157.	0.
26 Other salaries and wages	26	46,609,785.	41,905,118.	3,609,508.	1,095,159.
27 Pension plan contributions	27	2,652,913.	2,312,301.	286,696.	53,916.
28 Other employee benefits	28	4,636,696.	4,309,794.	253,805.	73,097.
29 Payroll taxes	29	3,585,651.	3,180,787.	326,907.	77,957.
30 Professional fundraising fees	30				
31 Accounting fees	31	747,599.	408,985.	338,614.	
32 Legal fees	32	219,684.	159,280.	60,404.	
33 Supplies	33	3,717,353.	3,486,148.	118,552.	112,653.
34 Telephone	34	548,173.	495,952.	43,841.	8,380.
35 Postage and shipping	35	261,317.	164,160.	80,258.	16,899.
36 Occupancy	36	5,996,056.	5,298,096.	682,711.	15,249.
37 Equipment rental and maintenance	37	654,950.	631,473.	20,121.	3,356.
38 Printing and publications	38	231,611.	59,025.	105,003.	67,583.
39 Travel	39	2,033,687.	1,903,054.	82,952.	47,681.
40 Conferences, conventions, and meetings	40	279,621.	83,154.	174,746.	21,721.
41 Interest	41	565,872.	470,717.	95,155.	
42 Depreciation, depletion, etc. (attach schedule)	42	1,590,682.	1,166,994.	379,678.	44,010.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	15,251,873.	14,420,556.	649,326.	181,991.
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	91,572,275.	81,546,189.	8,206,434.	1,819,652.

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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ;

(iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Form **990** (2005)

523011
02-03-06

09440201 099375 027-59742-09 2005.08010 LUTHERAN SOCIAL SERVICES OF 027-59A1

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? ▶ 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.)
a NURSING CARE	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	20,548,459.
b COMMUNITY SERVICES	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	6,124,001.
c COMMUNITY CHILD CARE SERVICES	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	34,169,097.
d BEHAVIORAL HEALTH SERVICES	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	17,598,114.
e Other program services (attach schedule) SEE STATEMENT 7	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	3,106,518.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	81,546,189.

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.*

Section	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
Assets	45	Cash - non-interest-bearing				45	
	46	Savings and temporary cash investments			11,058,530.	46	11,531,919.
	47 a	Accounts receivable	47a	10,809,153.			
	b	Less allowance for doubtful accounts	47b	977,502.	8,593,555.	47c	9,831,651.
	48 a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a	18,130,564.			
	b	Less allowance for doubtful accounts	51b		16,622,185.	51c	18,130,564.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			1,102,872.	53	985,088.
	54	Investments - securities ▶ ☐ Cost ☐ 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	34,134,106.			
	b	Less accumulated depreciation STMT 8	57b	20,543,985.	11,783,387.	57c	13,590,121.
	58	Other assets (describe ▶ SEE STATEMENT 9)			1,507,962.	58	2,868,948.
	59	**Total assets** (must equal line 74) Add lines 45 through 58			50,668,491.	59	56,938,291.
Liabilities	60	Accounts payable and accrued expenses			26,353,214.	60	24,450,703.
	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 10			14,025,000.	64b	20,000,000.
	65	Other liabilities (describe ▶ SEE STATEMENT 11)			26,788.	65	26,878.
	66	**Total liabilities.** Add lines 60 through 65)			40,405,002.	66	44,477,581.
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			7,454,647.	67	9,651,868.
	68	Temporarily restricted			2,808,842.	68	2,808,842.
	69	Permanently restricted				69	
		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; column (B) must equal line 21)			10,263,489.	73	12,460,710.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			50,668,491.	74	56,938,291.

Form 990 (2005)

523031
02-03-06

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	99,921,791.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-43,139.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 12	b4	18,315,680.		
	Add lines b1 through b4			b	18,272,541.
c	Subtract line b from line a			c	81,649,250.
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): SEE STATEMENT 14	d2	3,402,493.		
	Add lines d1 and d2			d	3,402,493.
e	Total revenue (Part I, line 12) Add lines c and d ▶			e	85,051,743.

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

a	Total expenses and losses per audited financial statements			a	99,984,974.
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			
4	Other (specify) SEE STATEMENT 13	b4	9,791,902.		
	Add lines b1 through b4			b	9,791,902.
c	Subtract line b from line a			c	90,193,072.
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) RENT PAID TO VESPER MANAGEMENT	d2	1,379,203.		
	Add lines d1 and d2			d	1,379,203.
e	Total expenses (Part I, line 17) Add lines c and d ▶			e	91,572,275.

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 STATEMENT 15		898,157.	0.	0.

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

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 0			
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		X
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 this organization through common supervision or common control?	75c		X
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d		X

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	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

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

			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? N/A	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 ▶ SEE STATEMENT 16 and check whether it is ☐ exempt or ☐ 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

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

					Yes	No
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?		N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		N/A	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 for the prior year					
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 on line 85f?		N/A	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?		N/A	85h		
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 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.					
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		▶ 0.			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		▶ 0.			

90 a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2005 — 90b — 1918

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

Located at ▶ 1001 E. TOUHY, 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)? If "Yes," enter the name of the foreign country ▶ N/A. See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

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 N/A

Form **990** (2005)

523162 02-03-06

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

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROGRAM SERVICE FEES					16,297,220.
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	558,145.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	216,427.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					1,903.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			03	229,868.	
b MANAGEMENT EXPENSE					
c REIMBURSEMENT FROM					
d NOT-FOR-PROFIT RELATED					
e AGENCIES					514,388.
104 Subtotal (add columns (B), (D), and (E))		0.		1,004,440.	16,813,511.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 17,817,951.

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 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).
	SEE STATEMENT 17

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
	%			
N/A	%			
	%			
	%			

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).*

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 — Date 2/13/07 — ▶ GERALD E. NOONAN CFO — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ James R. Thomas	Date 2/10/07	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTON GUNDERSON LLP 1301 W. 22ND STREET OAK BROOK, ILLINOIS 60523		EIN ▶	
		Phone no. ▶ (630)573-8600	

523163 02-03-06

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 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

2005

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
STEPHEN KAHNERT 1001 E. TOUHY DES PLAINES, ILLINOIS	DIR. OF PLANNED GIVI 37.50	101,923.		
JOHN SCHNIER 1001 E. TOUHY DES PLAINES, ILLINOIS	EXEC. DIR-SVC 37.50	96,940.		
JENNIFER H. LEE 1001 E. TOUHY DES PLAINES, ILLINOIS	SR.DIR-SYSINT 37.50	95,227.		
JAMES G. BEDNAR 1001 E. TOUHY DES PLAINES, ILLINOIS	SR.DIR-TCHSUP 37.50	110,010.		
MICHAEL J. OUSKA 1001 E. TOUHY DES PLAINES, ILLINOIS	CHIEF INFO OF 37.50	155,769.		
Total number of other employees paid over $50,000 ▶	110			

Part II-A **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
AEGIS THERAPIES P.O. BOX 8103, FORT SMITH, AR 72902	CONTRACTED SPEECH & PHYS. THERAPY	2880949.
COMMUNITY COUNSELING CENTERS OF CHICAGO 4740 N. CLARK ST., CHICAGO, IL 60640-4633	CONTRACTED COUNSELING SERVIC	495,696.
SODEXHO, INC. & AFFILIATES PO BOX 70060, CHICAGO, IL 60673-0060	DIETICIAN	495,306.
HELPING HAND REHABILITATION CENTER 9649 WEST 55TH STREET, COUNTRYSIDE, IL 60525	TRAINING FOR WORK PROGRAM	492,478.
THE TINTARI GROUP, INC. 6348 N. MILWAUKEE AVE, #386, CHICAGO, IL 60646-3	ACCOUNTING BOOKKEEPING TEMP	281,737.
Total number of others receiving over $50,000 for professional services ▶ 16		

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 individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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, 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 ▶ $ ______ $ 241,852. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	1	X	
	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 of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE STATEMENT 18	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	59,587,401.	62,696,540.	58,222,971.	64,959,071.	245,465,983.
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	14,381,014.	13,769,313.	13,898,184.	13,196,250.	55,244,761.
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	422,835.	570,090.	477,365.	574,244.	2,044,534.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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	149,907.	189,025.	SEE STATEMENT 19 211,588.	467,709.	1,018,229.
23 Total of lines 15 through 22	74,541,157.	77,224,968.	72,810,108.	79,197,274.	303,773,507.
24 Line 23 minus line 17	60,160,143.	63,455,655.	58,911,924.	66,001,024.	248,528,746.
25 Enter 1% of line 23	745,412.	772,250.	728,101.	791,973.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 4,970,575.

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 2001 through 2004 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 248,528,746.

d Add: Amounts from column (e) for lines: 18 2,044,534. 19 ______ 22 1,018,229. 26b ______ ▶ 26d 3,062,763.

e Public support (line 26c minus line 26d total) ▶ 26e 245,465,983.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.7676%

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

(2004) (2003) (2002) (2001)

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: N/A

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

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 2001 through 2004, 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?	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 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?	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.)			
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?	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.) 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 -	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				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		75,579.
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		151,157.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		15,116.
i Total lobbying expenditures (Add lines c through h.)			241,852.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. SEE STATEMENT 20

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)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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: N/A

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

52 a 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: N/A

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

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
4	BUILDINGS & IMPROVEMENTS	VARIES	SL	.000	16	21918651.			21918651.	11944479.		696,653.
7	FURNITURE & EQUIPMENT	VARIES	SL	.000	16	5607071.			5607071.	3425204.		367,597.
10	TRANSPORTATION EQUIPMENT	VARIES	SL	.000	16	1342004.			1342004.	1026811.		64,264.
12	IS HARDWARE	VARIES	SL	.000	16	3135506.			3135506.	1987877.		312,299.
14	IS SOFTWARE	VARIES	SL	.000	16	1783988.			1783988.	568,932.		149,869.
15	WORK-IN-PROCESS	VARIES		.000	16	239,547.			239,547.			0.
17	LAND	VARIES	L			107,340.			107,340.			0.
18	ASSETS DISPOSED OF DURING THE YEAR	VARIES	SL	.000	16	839,686.			839,686.	839,686.		0.
	* TOTAL 990 PAGE 2 DEPR					34973793.		0.	34973793.	19792989.	0.	1590682.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LOW INCOME HOUSING	1	216,427.
TOTAL TO FORM 990, PART I, LINE 6A		216,427.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS . STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
			PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,903.	0.	0.	0.	1,903.
TO FM 990, PART I, LN 8	1,903.	0.	0.	0.	1,903.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-43,139.
TRANSFERS FROM THE CORNERSTONE FOUNDATION	4,206,537.
EQUITY IN EXCESS REVENUES OVER EXPENSES OR (EXPENSES OVER REVENUES) OF SUBSIDIARIES:	
FORSBERG CHRISTIAN RETIREMENT CENTER, INC.	-4,900.
PETERSON MEADOWS, INC.	11,538.
SALEM VILLAGE III, INC.	-33,038.
BATAVIA COUNCIL ON AGING, INC.	82,513.
DEKALB HOUSING FOR THE HANDICAPPED, INC.	28,975.
NORTHWEST CHICAGO GROUP HOMES, INC.	22,017.
VESPER MANAGEMENT CORPORATION	99,982.
FREEPORT SENIOR HOUSING, INC.	116,303.
OUR SAVIOR'S SENIOR HOUSING, INC.	9,393.
TABOR SENIOR HOUSING, INC.	80,318.
ROCHELLE SENIOR HOUSING, INC.	60,101.
FREEPORT SENIOR HOUSING, INC. II	73,454.
AURORA SENIOR HOUSING, INC.	116,771.
ASSISI HOMES - DOWNER PLACE, INC.	130,400.
MATINS, INC.	-34,934.
INCREASE IN UNRECOGNIZED PENSION COSTS	3,795,462.
CUMULATIVE EFFECT OF ACCOUNTING CHANGE IN RECORDING OF PENSION PLAN	
TOTAL TO FORM 990, PART I, LINE 20	8,717,753.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER PROFESSIONAL FEES	12,991,562.	12,560,600.	294,106.	136,856.
OTHER OPERATING	971,004.	904,013.	34,771.	32,220.
DUES AWARDS & GRANTS	103,623.	76,983.	24,006.	2,634.
REPAIRS & MAINTENANCE	469,176.	326,212.	142,110.	854.
ADVERTISING & PROMOTION	357,371.	259,753.	95,208.	2,410.
I.S. COMMUNICATIONS	359,137.	292,995.	59,125.	7,017.
TOTAL TO FM 990, LN 43	15,251,873.	14,420,556.	649,326.	181,991.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 5

DESCRIPTION	AMOUNT
FINANCIAL ASSISTANCE - LOANS AND GRANTS	17,405.
ACTIVITY FEES RECREATION	117,534.
IN HOME RESPITE	23,409.
CLIENT OCCUPANCY EXPENSE	70,350.
EDUCATIONAL ASSISTANCE	10,540.
CLIENT TRANSPORTATION	15,080.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	775,740.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	60,537.
TOTAL TO FORM 990, PART II, LINE 23	1,090,595.

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 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PRISONER AND FAMILY MINISTRY		694,049.
HOUSING		2,001,484.
MATINS, INC.		61,465.
OTHER PROGRAMS		349,520.
TOTAL TO FORM 990, PART III, LINE E		3,106,518.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS & IMPROVEMENTS	21,918,651.	12,641,132.	9,277,519.
FURNITURE & EQUIPMENT	5,607,071.	3,792,801.	1,814,270.
TRANSPORTATION EQUIPMENT	1,342,004.	1,091,075.	250,929.
IS HARDWARE	3,135,506.	2,300,176.	835,330.
IS SOFTWARE	1,783,988.	718,801.	1,065,187.
WORK-IN-PROCESS	239,547.	0.	239,547.
LAND	107,340.	0.	107,340.
ASSETS DISPOSED OF DURING THE YEAR	839,686.	839,686.	0.
TOTAL TO FORM 990, PART IV, LN 57	34,973,793.	21,383,671.	13,590,122.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	64,685.
ESCROW DEPOSITS	69,344.
DUE FROM THE COUNERSTONE FOUNDATION	2,305,061.
INTANGIBLES	341,858.
OTHER CURRENT ASSETS	88,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,868,948.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 10

LENDER'S NAME	TERMS OF REPAYMENT
ILLINOIS FINANCE AUTHORITY	SERIAL

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
/ /06	/ /28	0.	5.25%

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.	20,000,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		20,000,000.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
RESIDENT'S SPECIAL DEPOSITS	26,878.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	26,878.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
REVENUE AND NET UNREALIZED GAINS REPORTED ON SUBS' 990	18,315,680.
TOTAL TO FORM 990, PART IV-A	18,315,680.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13

DESCRIPTION	AMOUNT
EXPENSES FROM SUBSIDIARIES REPORTED ON SUBSIDIARIES 990	9,791,902.
TOTAL TO FORM 990, PART IV-B	9,791,902.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 14

DESCRIPTION	AMOUNT
MANAGEMENT FEE EXPENSE REIMBURSEMENT FROM RELATED AGENCIES	514,388.
GRANTS RECEIVED FROM THE CORNERSTONE FOUNDATION	2,888,105.
TOTAL TO FORM 990, PART IV-A	3,402,493.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 15

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 0.00	0.	0.	0.
VICTORIA ARTHOFER 587 CLARISSA COURT NAPERVILLE, IL 60540-8101	DIRECTOR 0.00	0.	0.	0.
LEONA PETERSON-SPEAR 110 27TH AVENUE MOLINE, IL 61265	DIRECTOR 0.00	0.	0.	0.
REV. WARREN D. FREIHEIT 524 SOUTH FIFTH STREET SPRINGFIELD, IL 62701-1822	EX OFFICIO 0.00	0.	0.	0.
THE REV. GARY M. WOLLERSHEIM 103 WEST STATE STREET ROCKFORD, IL 61101	EX OFFICIO 0.00	0.	0.	0.

REV. DR. DENVER W. BITNER 925 5TH AVENUE ROCKFORD, IL 61104-3099	DIRECTOR 0.00	0.	0.	0.
MR. DOUGLAS P. SCOTT 130 N. PROSPECT STREET ROCKFORD, IL 60017	DIRECTOR 0.00	0.	0.	0.
THE REV. DONALD B. MYROM 930 W. HIGGINS ROAD SCHAUMBURG, IL 60195	DIRECTOR 0.00	0.	0.	0.
MR. DAVID R. RYDELL 2390 BLACKHAWK ROAD ROCKFORD, IL 61125-1007	DIRECTOR 0.00	0.	0.	0.
THE REV. STEPHEN D. BARNES 1700 W. WAR MEMORIAL DRIVE PEORIA, IL 61614	DIRECTOR 0.00	0.	0.	0.
THE REV. PAUL R. LANDAHL 1420 W. DICKENS AVE. CHICAGO, IL 60614	EX OFFICIO 0.00	0.	0.	0.
ROGER L. YARBROUGH 1105 DEVONSHIRE DRIVE CHAMPAIGN, IL 61821	DIRECTOR 0.00	0.	0.	0.
PASTOR FREDERICK AIGNER 1001 EAST TOUHY DES PLAINES, IL 60016	PRESIDENT 37.50	209,471.	0.	0.
MARK GERMANO 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 37.50	169,743.	0.	0.
SUSAN GREGORY 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 37.50	180,039.	0.	0.
DANIEL M. FALOTICO 504 E. BURNING TREE LANE ARLINGTON HEIGHTS, IL 60004	DIRECTOR 0.00	0.	0.	0.
MARY TAYLOR 88 OTIS ROAD BARRINGTON, IL 60010	SECRETARY 0.00	0.	0.	0.
CHRISTINE H. TOMPSETT 5466 S. BLACKSTONE AVE CHICAGO, IL 60615	DIRECTOR 0.00	0.	0.	0.

GERALD E.. NOONAN 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 37.50	181,855.	0.	0.
JOHN M. KISS 233 S. WACKER DR., 17TH FLOOR CHICAGO, IL 60606	TREASURER 0.00	0.	0.	0.
MS. TERESA CHOW 2165 SEAVER LANE HOFFMAN ESTATES, IL 60194	DIRECTOR 0.00	0.	0.	0.
LINDA K. MILLER 915 LUNDVALL ROCKFORD, IL 61107	DIRECTOR 0.00	0.	0.	0.
DAVID M. JENSEN 160 ARDMORE ROAD DES PLAINES, IL 60016	CHAIRPERSON 0.00	0.	0.	0.
MR. RASHEED PASHA 11 HAWTHORN PARKWAY VERNON HILLS, IL 60061	DIRECTOR 0.00	0.	0.	0.
THOMAS W. THOMS 6 TIMBER LINE CT. ROCK ISLAND, IL 61201	DIRECTOR 0.00	0.	0.	0.
JAMES THOMSEN 625 FOURTH AVE. SOUTH, MS 1610 MINNEAPOLIS, MN 55415	DIRECTOR 0.00	0.	0.	0.
MR. ERIC J DRAUT 524 S. BANBURY ROAD ARLINGTON HEIGHTS, IL 60005	DIRECTOR 0.00	0.	0.	0.
DR. IBULAIMU KAKOMA 2003 LYNWOOD DRIVE CHAMPAIGN, IL 61821	DIRECTOR 0.00	0.	0.	0.
REV. NEVILLE KRETZMANN 303 GALENA AVENUE FREEPORT, IL 60132	DIRECTOR 0.00	0.	0.	0.
REV. ROBERT J. RASMUS 806 S. ELM BLVD. CHAMPAIGN, IL 61820	DIRECTOR 0.00	0.	0.	0.
LARRY LUTEY 1001 EAST TOUHY DES PLAINES, IL 60016	VICE PRESIDENT 37.50	157,049.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		898,157.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 16
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 17

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 EXPLANATION OF TRANSACTIONS STATEMENT 18
PART III, LINE 2D

SEE PART V FOR COMPENSATION AMOUNTS PAID TO OFFICERS

SCHEDULE A OTHER INCOME STATEMENT 19

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	149,907.	189,025.	211,588.	467,709.
TOTAL TO SCHEDULE A, LINE 22	149,907.	189,025.	211,588.	467,709.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 20

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 AMERICAL (ELCA).

Form **4562** (Rev January 2006) Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172 **2005** Attachment Sequence No 67

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 Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 the 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 2004 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 2006 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,590,682.

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 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2005 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 2005 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	1,590,682.
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	

516251 01-05-06 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2005) (Rev. 1-2006)

09440201 099375 027-59742-09 2005.08010 LUTHERAN SOCIAL SERVICES OF 027-59A1

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 the 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year 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	
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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 the 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?		

Note: *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 2005 tax year:					
43 Amortization of costs that began before your 2005 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **8868** (Rev December 2004)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile.*

Type or print	Name of Exempt Organization	Employer identification number
	LUTHERAN SOCIAL SERVICES OF ILLINOIS	36-2584799
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1001 EAST TOUHY, NO. 50	
	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):

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

- The books are in the care of ▶ LUTHERAN SOCIAL SERVICES OF IL
  Telephone No. ▶ (847) 635-4600 FAX No. ▶
- 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-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2007.
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2005, and ending JUN 30, 2006.

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Internal Revenue Service
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NOV 13 2006
Downers Grove, IL