

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- 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: 1001 EAST TOUHY No 50. City or town: DES PLAINES, IL 60018

D Employer identification number: 36-2584799. E Telephone number: (847) 635-4600. F Accounting method: Accrual

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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 9386. M Check if the organization is not required to attach Sch B.

G Web site: www.lssi.org

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 94,011,610

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Special events, and Total revenue/expenses.

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	1,242,158	1,242,158	
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	730,695	730,695	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	48,946,106	43,908,524	3,992,532
27	Pension plan contributions not included on lines 25a, b and c	27	2,389,008	2,049,050	306,172
28	Employee benefits not included on lines 25a - 27	28	4,254,770	3,891,604	308,938
29	Payroll taxes	29	3,904,852	3,481,614	343,078
30	Professional fundraising fees	30			
31	Accounting fees	31	763,344	298,968	464,376
32	Legal fees	32	287,022	221,131	48,276
33	Supplies	33	3,955,443	3,706,724	103,981
34	Telephone	34	973,461	854,850	102,090
35	Postage and shipping	35	256,977	173,676	73,520
36	Occupancy	36	6,383,004	5,649,883	698,122
37	Equipment rental and maintenance	37	722,612	701,305	17,540
38	Printing and publications	38	195,376	67,932	94,414
39	Travel	39	2,145,810	2,011,201	96,528
40	Conferences, conventions, and meetings	40	344,858	125,446	150,073
41	Interest	41	728,989	623,459	97,886
42	Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	1,934,881	1,283,434	586,700
43	Other expenses not covered above (itemize)				
a	OTHER PROFESSIONAL FEES	43a	13,399,995	12,956,096	266,599
b	OTHER OPERATING	43b	413,842	337,230	30,367
c	DUES AWARDS & GRANTS	43c	143,502	115,179	23,665
d	REPAIRS & MAINTENANCE	43d	442,997	315,209	125,824
e	ADVERTISING & PROMOTION	43e	494,205	252,292	117,318
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	95,053,907	84,266,965	8,778,694

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____





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

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

<p>What is the organization's primary exempt purpose? ▶ THE AGENCY THROUGH SERVICE AND ADVOCACY SEEKS TO BRING HEALING, JUSTICE AND WHOLENES TO PERSONS AND TO ENHANCE THE QUALITY OF PEOPLE'S LIVES</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>84,266,965</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	11,531,919	46	8,533,190	
	47a Accounts receivable	47a 11,365,680			
	b Less allowance for doubtful accounts	47b 865,030	9,831,651	47c	10,500,650
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a 19,438,507			
	b Less allowance for doubtful accounts	51b	18,130,564	51c	19,438,507
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	985,088	53	1,303,470	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a 36,028,062				
b Less accumulated depreciation (attach schedule)	57b 22,199,196	13,590,121	57c 	13,828,866	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	2,868,948	58 	259,667		
59 Total assets (must equal line 74) Add lines 45 through 58	56,938,291	59	53,864,350		
Liabilities	60 Accounts payable and accrued expenses	24,450,703	60	24,147,597	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	20,000,000	64b 	20,229,500	
	65 Other liabilities (describe <input type="checkbox"/> _____)	26,878	65 	695,588	
66 Total liabilities Add lines 60 through 65	44,477,581	66	45,072,685		
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	9,651,868	67	5,982,823	
	68 Temporarily restricted	2,808,842	68	2,808,842	
	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 and column (B) must equal line 21)	12,460,710	73	8,791,665	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	56,938,291	74	53,864,350	

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of LUTHERAN SOCIAL SERVICES OF IL Telephone no (847) 635-4600
91b 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)?

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

Yes No

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					17,619,265
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	484,068	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	204,569	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	800,860	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS			03	336,776	
b MGMT EXPENSE REIMBURSEMENT FROM RELATED AGENCIES					516,864
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,826,273	18,136,129
105 Total (add line 104, columns (B), (D), and (E))					19,962,402

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	THE AGENCY THROUGH SERVICE AND ADVOCACY SEEKS TO BRING HEALING, JUSTICE AND WHOLENESS TO PERSONS AND TO 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

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
LUTHER CENTER INC 1001 E TOUHY AVE SUITE 50 DES PLAINES, IL60018 36-2903955	10000 00 %	REAL ESTATE	590	-4,400
	%			
	%			
	%			

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

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

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

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

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

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

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

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

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

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

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	2008-02-13 Date
	director director Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Matthew G Newton	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Clifton Gunderson LLP 1301 W 22nd Street Suite 1100 Oak Brook, IL 60523			EIN Phone no (630) 573-8600

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

**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.)**

OMB No 1545-0047

2006

Department of the
Treasury
Internal Revenue
Service

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

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 2 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
LM ELLIOTT 4371 N MARRILL RD BYRON, IL 61010	EXEC DIR-SVC 37 50	96,343	0	0
JOHN SCHNIER 1017 N 5TH AVE ST CHARLES, IL 60174	EXEC DIR-SVC 37 50	99,894	0	0
GLEN R MCGEE 1140 ASCOT WAY BARTLET, IL 60103	INFO SYSTEMS MGR 37 50	93,090	0	0
James G Bednar 6 MARBERRY PROSPECT HEIGHTS, IL 60070	SRDir-TchSup 37 50	113,351	0	0
Michael J Ouska 507 E HACKBERRY DR ARLINGTON HEIGHTS, IL 60004	Chief Info OFFICER 37 50	160,500	0	0
Total number of other employees paid over \$50,000 ▶	140			

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 PO BOX 8103 Fort Smith, AR 72902	CONTRACTED Speech & Phys THERAPY	1,799,568
COMMUNITY COUNSELING CENTERS OF CHI 4740 N CLARK ST Chicago, IL 606404633	CONTRACTED COUNSELING SERVICES	506,806
HELPING HAND REHABILITATION CENTER 9649 WEST 55TH STREET Countryside, IL 60525	Training for Work Program	457,632
CLIFTON GUNDERSON LLP 6348 N MILWAUKEE AVE 386 Chicago, IL 606463728	ACCOUNTINGAUDITING	384,059
JOHNSON AND COLMAR PO Box 70060 Chicago, IL 606730060	LEGAL SERVICES	192,163
Total number of others receiving over \$50,000 for professional services ▶	17	

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 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SUPERIOR HEALTH LINENS 629 S VERMONT ST PALATINE, IL 60067	LAUNDRY SERVICES	176,857
ANGELICA TEXTILE SERVICES PO BOX 823283 PHILADELPHIA, PA 19182	LAUNDRY SERVICES	164,045
ADT SECURITY SYSTEMS PO BOX 371967 PITTSBURGH, PA 15250	SECURITY SERVICES	57,475
RHONDA SNOWAERT EVENT PARTNERS 1910B S FEDERAL STREET CHICAGO, IL 60616	EVENT PLANNER	53,250
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ <u>\$ 359,663</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	1	Yes	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

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

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

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

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

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

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

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

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

		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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following	32a	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? 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 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— 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	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	

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 13 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers	Yes		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
c Media advertisements		No	0
d Mailings to members, legislators, or the public	Yes		108,451
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		229,522
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		21,690
i Total lobbying expenditures (Add lines c through h.)			359,663

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction calculation, including description of property, cost, and elected cost.

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)

Table with 6 rows for Special Depreciation Allowance and Other Depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2006.

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System details, including class life and recovery period.

Part IV Summary (see instructions)

Table with 3 rows for Summary details, including listed property amount and total depreciation.

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 qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	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 (see instructions).

	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? (See instructions)		

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 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
REV PAUL J OLSON 2477 W WASHINGTON ST SPRINGFIELD,IL 62702	CHAIRPERSON 1 00	0	0	0
victoria arthofer 587 clarissa court naperville,IL 605408101	direCTOR 1 00	0	0	0
REV WARREN D FREIHEIT 524 SOUTH FIFTH STREET SPRINGFIELD,IL 627011822	EX OFFICIO 1 00	0	0	0
REV GARY M WOLLERSHEIM 103 WEST STATE STREET ROCKFORD,IL 61101	EX OFFICIO 1 00	0	0	0
Rev Dr Denver W Bitner 925 5th Avenue Rockford,IL 611043099	direCTOR 1 00	0	0	0
DOUGLAS P SCOTT 130 N PROSPECT STREET ROCKFord,IL 60017	direCTOR 1 00	0	0	0
REV DONALD B MYROM 930 W HIGGINS ROAD SCHAUMBURG,IL 60195	DIRECTOR 1 00	0	0	0
DAVID R RYDELL 2390 BLACKHAWK ROAD ROCKFORD,IL 611251007	DIRECTOR 1 00	0	0	0
REV PAUL R LANDAHL 1420 W DICKENS AVE CHICAGO,IL 60614	EX OFFICIO 1 00	0	0	0
GERALD E NOONAN 8769 BUTTERFIELD LN ORLAND PARK,IL 60462	VICE PRESIDENT 37 50	169,759	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SUSAN GREGORY 4824 MEADOWVIEW DR MACUNGIE, PA 18062	VICE PRESIDENT - COO 37 50	180,048	0	0
daniel m falotico 504 e burning tree lane ARLINGTON HEIGHTS, IL 60004	direCTOR 1 00	0	0	0
mary taylor 88 otis road barrington hills, IL 60010	Secretary 1 00	0	0	0
christine H tompsett 5466 s blackstone ave chicago, IL 60615	direCTOR 1 00	0	0	0
John M Kiss 233 S Wacker Dr 17th Floor Chicago, IL 60606	Vice Chairperson 1 00	0	0	0
TERESA CHOW 700 NICHOLAS BLVD SUITE 202 ELK GROVE, IL 60007	direCTOR 1 00	0	0	0
Linda K Miller 915 Lundvall Rockford, IL 61107	direCTOR 1 00	0	0	0
RASHEED PASHA 11 HAWTHORN PARKWAY VERNON HILLS, IL 60061	DireCTOR 1 00	0	0	0
Thomas W Thoms 6 Timber Line Ct Rock Island, IL 61201	direCTOR 1 00	0	0	0
ERIC J DRAUT 524 S BANBURY ROAD ARLINGTON HEIGHTS, IL 60005	TREASURER 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DR IBULAIMU KAKOMA 2003 LYNWOOD DRIVE CHampaign,IL 61821	DireCTOR 1 00	0	0	0
REV NEVILLE KRETZMANN 303 GALENA AVENUE FREEPORT,IL 60132	DireCTOR 1 00	0	0	0
REV ROBERT J RASMUS 611 WINDIANA URBANA,IL 61801	DireCTOR 1 00	0	0	0
GEORGE F AIGNER 2735 NORTH PATTON ARLINGTON HEIGHTS,IL 60004	PRESIDENT 37 50	205,769	0	0
LARRY WLUTEY 1001 E TOUHY AVENUE SUITE 50 DES PLAINES,IL 60018	VICE PRESIDENT - HR 37 50	175,119	0	0

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

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

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

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
95 chevy astro van	1998-02	PURCHASED	2006-09		300	0	0	300	
1994 dodge caravan	1997-12	PURCHASED	2006-09		200	0	0	200	
COMPUTER	2006-06	PURCHASED	2007-04			2,431	0	-2,043	388

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** LUTHERAN SOCIAL SERVICES OF ILLINOIS**EIN:** 36-2584799**Gross Sales Price:** 6,149,839**Basis:** 5,347,436**Sales Expenses:** 0**Total (net):** 802,403

TY 2006 Individual Assistance Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Class of Activity	Amount
FINANCIAL ASSISTANCE - LOANS AND GRANTS	19,380
ACTIVITY FEES- RECREATION	118,255
IN HOME RESPITE	41,571
CLIENT OCCUPANCY EXPENSE	71,192
EDUCATIONAL ASSISTANCE	7,694
Client Transportation	15,290
Food shelter and clothing for indigents etc	844,558
Medical dental and hospital expenses provided	124,218

TY 2006 Land etc. Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDINGS & IMPROVEMENTS	21,649,949	13,385,352	8,264,597
FURNITURE & EQUIPMENT	6,826,256	4,199,502	2,626,754
TRANSPORTATION EQUIPMENT	1,502,294	1,121,585	380,709
IS HARDWARE	3,310,204	2,422,181	888,023
IS SOFTWARE	2,386,844	1,070,576	1,316,268
WORK-IN-PROCESS	143,175		143,175
LAND	209,340		209,340

TY 2006 Mortgages and Notes Payable Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Total Mortgage Amount: 0

Item No.	1
Lender's Name	ILLINOIS FINANCE AUTHORITY
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	19630000
Date of Note	2006-12
Maturity Date	2028-12
Repayment Terms	SERIAL
Interest Rate	5.2500
Security Provided by Borrower	MORTGAGE ON RE GOV CONTRACTS
Purpose of Loan	TAX EXEMPT BOND ISSUE
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	JP MORGAN CHASE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	599500
Date of Note	2007-03
Maturity Date	2008-02
Repayment Terms	
Interest Rate	8.2500
Security Provided by Borrower	
Purpose of Loan	LINE OF CREDIT
Description of Lender Consideration	
Consideration FMV	

TY 2006 Other Assets Schedule**Name:** LUTHERAN SOCIAL SERVICES OF ILLINOIS**EIN:** 36-2584799

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	64,685	91,818
ESCROW DEPOSITS	69,344	69,725
OTHER CURRENT ASSETS	88,000	98,124

TY 2006 Other Changes in Net Assets Schedule**Name:** LUTHERAN SOCIAL SERVICES OF ILLINOIS**EIN:** 36-2584799

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-277,098
Transfers from the Cornerstone Foundation	4,711,302
FORSBERG CHRISTIAN RETIREMENT CENTER INC	12,386
PETERSON MEADOWS INC	231,155
SALEM VILLAGE III INC	-718,719
BATAVIA COUNCIL ON AGING INC	121,313
DEKALB HOUSING FOR THE HANDICAPPED INC	22,522
NORTHWEST CHICAGO GROUP HOMES INC	88,505
VESPER MANAGEMENT CORPORATION	-61,717
FREEPORT SENIOR HOUSING INC	127,119
OUR SAVIOR'S SENIOR HOUSING INC	10,000
TABOR SENIOR HOUSING INC	89,156
ROCHELLE SENIOR HOUSING INC	78,750
FREEPORT SENIOR HOUSING INC II	74,791
AURORA SENIOR HOUSING INC	104,320
ASSISI HOMES - DOWNER PLACE INC	117,487
MATINS INC	21,380
Increase in unrecognized pension costs	1,903,650
EFFECT OF ADOPTION OF RECOGNITION PROVISIONS OF FASB 158	-3,905,793
PRIOR PERIOD ADJUSTMENT	-27,778

TY 2006 Other Expenses Included Schedule**Name:** LUTHERAN SOCIAL SERVICES OF ILLINOIS**EIN:** 36-2584799

Description	Amount
EXPENSES FROM SUBSIDIARIES REPORTED ON SUBSIDIARIES 990	11,574,513

**TY 2006 Other Expenses
Not Included Schedule**

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Description	Amount
rent paid to vesper management	1,451,119

TY 2006 Other Liabilities Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Description	Beginning of Year Amount	End of Year Amount
RESIDENTS SPECIAL DEPOSITS	26,878	27,148
DUE TO THE CORNERSTONE FOUNDATION		668,440

TY 2006 Other Revenues Included Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Description	Amount
REVENUE AND NET UNREALIZED GAINS REPORTED ON SUBS 990	18,278,607

**TY 2006 Other Revenues
Not Included Schedule****Name:** LUTHERAN SOCIAL SERVICES OF ILLINOIS**EIN:** 36-2584799

Description	Amount
MANAGEMENT FEE EXPENSE REIMBURSEMENT FROM RELATED AGENCIES	516,864
grants received from the cornerstone foundation	2,796,515

TY 2006 Non Electing Public Charities Statement

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

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

TY 2006 Other Income Schedule

Name: LUTHERAN SOCIAL SERVICES OF ILLINOIS

EIN: 36-2584799

Description	2003	2002	2001	2000	Total
MISCELLANEOUS	229,868	149,907	189,025	211,588	780,388
MANAGEMENT EXPENSE REIMBURSEMENT FROM RELATED AGENCIES					
FUNDRAISING EVENTS - SALES TO PUBLIC NET					