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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
Lutheran Social Services of Michigan

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8131 E Jefferson Avenue

City or town, state or country, and ZIP + 4
Detroit, MI 48214

D Employer identification number
38-1360553

E Telephone number
(313)823-7700

G Gross receipts $ 90,161,298

F Name and address of principal officer
MARK STUTRUD
8131 E JEFFERSON AVE
DETROIT, MI 48214

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

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 9386

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www lssm org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1934 | **M** State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PRINCIPAL SOCIAL SERVICES PROVIDED INCLUDE SERVICES FOR CHILDREN AND FAMILIES, SENIOR ADULTS, REFUGEES, PERSONS WITH DISABILITIES, AND OTHERS IN NEED WITHOUT REGARD TO THEIR RELIGION, RACE OR ETHNICITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,390
6	Total number of volunteers (estimate if necessary)	**6**	6,842
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	214,115
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-5,245

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,801,464	17,941,143
	9 Program service revenue (Part VIII, line 2g)	74,458,737	65,184,668
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,912,348	292,394
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,491,405	1,682,936
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,663,954	85,101,141
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,165,798	9,256,278
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,496,587	46,401,563
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶985,122		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,975,402	28,077,716
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	87,637,787	83,735,557
	19 Revenue less expenses Subtract line 18 from line 12	1,026,167	1,365,584

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	98,782,344	98,447,725
	21 Total liabilities (Part X, line 26)	66,502,472	64,081,833
	22 Net assets or fund balances Subtract line 21 from line 20	32,279,872	34,365,892

Part II Signature Block

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

Sign Here

****** | 2012-11-10
Signature of officer | Date

MARK STUTRUD PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
BDO USA LLP
200 OTTAWA AVE NW STE 300
GRAND RAPIDS, MI 49503

EIN ▶

Phone no ▶ (616) 774-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

STARTED AS THE LUTHERAN INNER MISSION LEAGUE IN 1934, LUTHERAN SOCIAL SERVICES OF MICHIGAN'S PROGRAMS SPANS THE LOWER PENINSULA WITH MORE THAN 70 PROGRAMS IN 42 CITIES SERVING CHILDREN AND FAMILIES, SENIOR ADULTS, REFUGEES, PERSONS WITH DISABILITIES, AND OTHERS IN NEED WITHOUT REGARD TO THEIR RELIGION, RACE OR ETHNICITY LUTHERAN SOCIAL SERVICES OF MICHIGAN CONSTANTLY SEEKS NEW OPPORTUNITIES TO IMPROVE QUALITY OF LIFE, PROMOTE MENTAL, PHYSICAL AND SPIRITUAL HEALING, AND ENCOURAGE HUMAN GROWTH AND DEVELOPMENT LUTHERAN SOCIAL SERVICES OF MICHIGAN IS DEDICATED TO CREATING COMMUNITIES OF SERVICE THAT MEET THE NEEDS OF PEOPLE, UPHOLDING HUMAN DIGNITY, ADVOCATING EQUALITY AND JUSTICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 40,205,894 including grants of $) (Revenue $ 40,745,783)

SERVICES FOR SENIOR ADULTS LUTHERAN SOCIAL SERVICES OF MICHIGAN OFFERS A CONTINUUM OF SERVICES FOR OLDER ADULTS FACILITIES INCLUDE THREE INDEPENDENT LIVING COMMUNITIES, THREE ASSISTED LIVING/MEMORY CARE COMMUNITIES, AND THREE NURSING CENTERS OFFERING INPATIENT REHABILITATION AND SKILLED NURSING CARE IN 2011, SERVICES FOR SENIOR ADULTS PROVIDED 233,441 DAYS OF CARE

4b (Code) (Expenses $ 17,392,092 including grants of $) (Revenue $ 15,091,502)

CHILDREN AND FAMILIES SERVICES LUTHERAN SOCIAL SERVICES OF MICHIGAN IS THE LARGEST PRIVATE FOSTER CARE AGENCY IN MICHIGAN, WITH EIGHT OFFICES AROUND THE LOWER PENINSULA THE LANSING OFFICE MANAGES AN UNACCOMPANIED REFUGEE MINORS FOSTER CARE PROGRAM IN ADDITION TO DOMESTIC FOSTER CARE LUTHERAN SOCIAL SERVICES OF MICHIGAN ALSO OFFERS FAMILY PRESERVATION PROGRAMS IN PARTNERSHIP WITH LUTHERAN CHILD AND FAMILY SERVICES OF MICHIGAN, WE OPERATE LUTHERAN ADOPTION SERVICE IN 2011, CHILDREN AND FAMILIES SERVICES PROVIDED 254,676 DAYS OF FOSTER CARE AND FACILITATED ADOPTIONS OF 306 FOSTER YOUTHS

4c (Code) (Expenses $ 4,943,055 including grants of $) (Revenue $ 4,942,950)

SERVICES FOR PERSONS WITH DISABILITIES LUTHERAN SOCIAL SERVICES OF MICHIGAN PROVIDES RESIDENTIAL CARE AND SUPPORT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OR MENTAL ILLNESS, PRIMARILY THROUGH CONTRACTS WITH COMMUNITY MENTAL HEALTH AGENCIES MANY CLIENTS LIVE IN LICENSED GROUP HOMES OTHERS RECEIVE STAFF SUPPORT IN THEIR OWN HOMES AND APARTMENTS OR WITH THEIR FAMILIES IN 2011, SERVICES FOR PERSONS WITH DISABILITIES PROVIDED CARE AND SUPPORT FOR 93 MENTALLY AND PHYSICALLY HANDICAPPED ADULTS IN 14 GROUP HOMES AND ALSO PROVIDED SUPPORT FOR INDIVIDUALS IN THEIR HOMES OTHER PROGRAM SERVICES LUTHERAN SOCIAL SERVICES OF MICHIGAN IS MICHIGAN'S LARGEST PRIVATE REFUGEE RESETTLEMENT AGENCY, PROVIDING SPONSORSHIP OF REFUGEES, IMMIGRATION AND RELATED LEGAL SERVICES, AND ASSISTANCE WITH RESETTLEMENT AND ACCULTURATION WE ARE MICHIGAN'S PRIMARY CONTRACTOR FOR JOB DEVELOPMENT AND PLACEMENT, ENGLISH-LANGUAGE TRAINING AND CITIZENSHIP SERVICES WE ALSO OPERATE A COMMUNITY CENTER IN SAGINAW, NEIGHBORHOOD HOUSE, THAT PROVIDES EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN AND A HOT MEAL PROGRAM FOR FAMILIES, A COMMUNITY JUSTICE PROGRAM IN DETROIT, HEARTLINE, A 33-PERSON RESIDENTIAL CENTER THAT HELPS WOMEN IN THE CRIMINAL JUSTICE SYSTEM RE-ENTER SOCIETY, AND THE WAYNE COUNTY FAMILY CENTER IN WESTLAND, MICHIGAN'S LARGEST SHELTER FOR HOMELESS FAMILIES (PARENTS WITH CHILDREN AND PREGNANT SINGLE WOMEN), HOUSING UP TO 100 PERSONS IN 24 ROOMS THE SITE INCLUDES A CHILD CARE CENTER LUTHERAN SOCIAL SERVICES OF MICHIGAN MANAGES 16 AFFORDABLE HOUSING COMMUNITIES THIRTEEN OF THESE HOUSING COMMUNITIES, LOCATED THROUGHOUT THE STATE, ARE FOR SENIOR ADULTS LIVING INDEPENDENTLY TWO PRIMARILY SERVE FAMILIES IN ADRIAN AND MONROE, AND ONE, LOCATED IN LANSING, SERVES PHYSICALLY DISABLED PERSONS CAPABLE OF LIVING INDEPENDENTLY WITH OR WITHOUT A LIVE-IN-AIDE THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) PROVIDES RENTAL ASSISTANCE BASED ON INCOME ELIGIBILITY

(Code) (Expenses $ 12,621,935 including grants of $) (Revenue $ 4,404,433)

OUTREACH, IN-HOME, AND SUBSIDIZED HOUSING

4d Other program services (Describe in Schedule O)

(Expenses $ 12,621,935 including grants of $) (Revenue $ 4,404,433)

4e Total program service expenses ▶ $ 75,162,976

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	81		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,390			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JERALD BENJAMIN
8131 E JEFFERSON AVE
DETROIT, MI 48214
(313) 823-7700

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,695,773	0	234,398

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 13

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK HILL 500 WOODWARD AVE SUITE 3500 DETROIT, MI 482263435	LEGAL	342,018
BDO USA LLP 200 OTTAWA AVENUE NW SUITE 300 GRAND RAPIDS, MI 49503	AUDIT/ACCOUNTING	174,210

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 2

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	124,380				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	7,775,819				
	f	All other contributions, gifts, grants, and similar amounts not included above	10,040,944				
	g	Noncash contributions included in lines 1a-1f $ 1,304,911					
	h	**Total.** Add lines 1a-1f		17,941,143			
Program Service Revenue			Business Code				
	2a	RESIDENT SERVICES	623000	41,106,978	41,106,978		
	b	CHILD CARE SERVICES	624100	14,877,839	14,877,839		
	c	PROGRAM SERVICE FEES	623990	9,199,851	9,199,851		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		65,184,668			
	3	Investment income (including dividends, interest and other similar amounts)		278,908			278,908
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	126,019				
	b	Less rental expenses	26,361				
	c	Rental income or (loss)	99,658				
	d	Net rental income or (loss)		99,658	99,658		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,019,342 / 27,940				
	b	Less cost or other basis and sales expenses	5,019,342 / 14,454				
	c	Gain or (loss)	13,486				
	d	Net gain or (loss)		13,486	13,486		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MANAGEMENT SERVICE TO EXEMPT ORGANIZATIONS	541610	573,792	359,677	214,115	
	b	MISCELLANEOUS - NET	541860	1,009,555	1,009,555		
	c	INVESTMENT IN PARTNERSHIP	532000	-69	-69		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,583,278			
	12	**Total revenue.** See Instructions		85,101,141	66,666,975	214,115	278,908

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,256,278	9,256,278		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,173,519		1,173,519	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	36,757,980	34,486,425	1,706,735	564,820
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	917,691	736,054	160,900	20,737
9	Other employee benefits	3,931,913	3,507,462	368,052	56,399
10	Payroll taxes	3,620,460	3,386,497	197,142	36,821
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	468,467	372,436	96,031	
c	Accounting	111,359	14,367	96,992	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	4,068,841	3,908,134	93,937	66,770
12	Advertising and promotion	0			
13	Office expenses	3,752,889	3,436,162	255,911	60,816
14	Information technology	0			
15	Royalties	0			
16	Occupancy	5,829,490	5,656,834	150,507	22,149
17	Travel	1,404,118	1,258,312	106,083	39,723
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	267,368	141,505	94,268	31,595
20	Interest	1,931,766	1,854,752	66,192	10,822
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,012,004	2,848,596	149,804	13,604
23	Insurance	788,309	703,587	67,179	17,543
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD	1,629,133	1,629,133		
b	BAD DEBT EXPENSE	394,913	394,913		
c	DUES & MEMBERSHIPS	136,865	102,391	32,337	2,137
d	INTEREST RATE SWAP	1,432,092		1,432,092	
e					
f	All other expenses	2,850,102	1,469,138	1,339,778	41,186
25	**Total functional expenses.** Add lines 1 through 24f	83,735,557	75,162,976	7,587,459	985,122
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,635,412	1	4,522,768
	2	Savings and temporary cash investments		2,117,402	2	2,315,423
	3	Pledges and grants receivable, net		186,746	3	85,338
	4	Accounts receivable, net		12,131,560	4	10,495,702
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		168,444	8	157,924
	9	Prepaid expenses and deferred charges		3,081,402	9	299,475
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 77,644,085			
	b	Less accumulated depreciation	10b 30,922,965	47,924,975	10c	46,721,120
	11	Investments—publicly traded securities		15,597,074	11	17,290,482
	12	Investments—other securities See Part IV, line 11		9,757,834	12	9,094,120
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	613,550
	15	Other assets See Part IV, line 11		3,181,495	15	6,851,823
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		98,782,344	16	98,447,725
Liabilities	17	Accounts payable and accrued expenses		7,700,245	17	9,966,304
	18	Grants payable		0	18	0
	19	Deferred revenue		319,036	19	759,285
	20	Tax-exempt bond liabilities		45,635,000	20	39,440,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,890,130	23	4,212,525
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,958,061	25	9,703,719
	26	**Total liabilities.** Add lines 17 through 25		66,502,472	26	64,081,833
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,142,909	27	23,108,366
	28	Temporarily restricted net assets		3,226,484	28	3,041,000
	29	Permanently restricted net assets		7,910,479	29	8,216,526
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,279,872	33	34,365,892
	34	Total liabilities and net assets/fund balances		98,782,344	34	98,447,725

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,101,141
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,735,557
3	Revenue less expenses Subtract line 2 from line 1	3	1,365,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,279,872
5	Other changes in net assets or fund balances (explain in Schedule O)	5	720,436
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	34,365,892

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,114,815	8,920,108	8,956,473	10,801,464	17,941,143	53,734,003
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,114,815	8,920,108	8,956,473	10,801,464	17,941,143	53,734,003
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,496,789
6 **Public Support.** Subtract line 5 from line 4						50,237,214

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,114,815	8,920,108	8,956,473	10,801,464	17,941,143	53,734,003
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,007,591	307,489	241,744	338,563	431,166	2,326,553
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						56,060,556

12 Gross receipts from related activities, etc (See instructions)	12	282,892,770

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	89 612 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 883 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: Lutheran Social Services of Michigan

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 12,621,935 including grants of $) (Revenue $ 4,404,433)

OUTREACH, IN-HOME, AND SUBSIDIZED HOUSING

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE PARSONS - LSSM DIRECTOR	1 0	X								
DAVID RIPPLE - LSSM DIRECTOR	1 0	X								
WILLIAM PAPKE - LSSM DIRECTOR	1 0	X								
DAVID GABEL - LSSM DIRECTOR	1 0	X								
MARK STANKO - LSSM DIRECTOR	1 0	X								
BISHOP JOHN SCHLEICHER - LSSM DIRECTOR	1 0	X								
SCOTT SESSLER - LSSM DIRECTOR	1 0	X								
TODD PERKINS - LSSM DIRECTOR	1 0	X								
SUE KAMENS - LSSM DIRECTOR	1 0	X								
MICHAEL KNEALE - LSSM DIRECTOR	1 0	X								
MATTHEW PEDERSON - LSSM DIRECTOR	1 0	X								
PAUL DRENKOW - LSSM FOUNDATION CHAIR	1 0	X								
VERLYN REBELEIN - LSSM FOUNDATION VICE CHAIR	1 0	X								
REV TERRY DALY - LSSM FOUNDATION DIRECTOR	1 0	X								
KARL GEISLER - LSSM FOUNDATION DIRECTOR	1 0	X								
PAT THOMAS - LSSM FOUNDATION DIRECTOR	1 0	X								
DAVID NUSSDORFER - LSSM FOUNDATION TREASURER	1 0	X								
LESTINE DAVIS - HEARTLINE CHAIR	1 0	X								
MICHELL GAGGINI - HEARTLINE TREASURER	1 0	X								
MARY ELLEN WHITE - HEARTLINE DIRECTOR OF HEARTLINE	1 0	X		X						
ALISA CLEMONS - HEARTLINE DIRECTOR	1 0	X								
E H FLEGM - HEARTLINE DIRECTOR	1 0	X								
CYNTHIA HABERMAN - HEARTLINE DIRECTOR	1 0	X								
PATRICIA THOMAS - HEARTLINE DIRECTOR	1 0	X								
WENDY PERRY - HEARTLINE DIRECTOR	1 0	X								

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK STUTRUD - HEARTLINE DIRECTOR	1 0	X		X						
JOHN NELSON - LSSM TREASURER	1 0			X				0	0	0
EMMETT BRASELTON JR - LSSM CHAIR	1 0			X						
KATHLEEN LIEDER - LSSM VICE CHAIR	1 0			X						
MICHELLE GAGGINI - LSSM SECRETARY	1 0			X						
MARK STUTRUD - LSSM PRESIDENT	40 0				X			308,918	0	120,310
LOUIS PRUES - LSSM VP/STRATEGIC PLANNING	40 0				X			105,550	0	17,709
KRISTI MCKENZIE - LSSM VP/HRD	40 0				X			155,922	0	9,217
RICHARD MARTIN - LSSM VP/ADVANCEMENT	40 0				X			143,467	0	12,009
JERRY BENJAMIN - LSSM VP/CFO	40 0				X			193,740	0	16,541
VICKIE THOMPSON-SANDY - LSSM VP/CHILDREN & FAMILIES	40 0				X			128,643	0	3,471
WENDY PERRY - LSSM BUDGET DIRECTOR	40 0				X			137,994	0	8,682
FRANK SELLGREN - LSSM IT DIRECTOR	40 0				X			129,790	0	8,461
CYNTHIA HABERMAN - LSSM VP COMMUNITY SERVICES	40 0				X			136,500	0	15,027
SUSAN LEMON - LSSM VP SENIOR ADULT SERVICES	40 0				X			137,279	0	8,470
MELANIE FLACHS - LSSM DIRECTOR OF QUALITY	40 0				X			117,970	0	14,501

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Lutheran Social Services of Michigan	38-1360553

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		504
f	Grants to other organizations for lobbying purposes?	Yes		1,886
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		26,595
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			28,985
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	TO BEST DESCRIBE OUR LEGISLATIVE EFFORTS IS TO PARAPHRASE FROM OUR MISSION STATEMENT AND PUBLIC POLICY AGENDA THE PUBLIC POLICY AGENDA IS THE SUMMARY DOCUMENT THAT GUIDES OUR ADVOCACY SOME MEANINGFUL EXCERPTS ARE LUTHERAN SOCIAL SERVICES OF MICHIGAN IS A MULTI-FACETED SERVICE ORGANIZATION OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, ESTABLISHED AND SUPPORTED BY PERSONS WHOSE LIVES HAVE BEEN IMPRESSED BY THE GOSPEL OF CHRIST LUTHERAN SOCIAL SERVICES OF MICHIGAN, FAITHFUL TO THE EXAMPLE OF CHRIST, DEDICATES ITSELF TO ESTABLISH JUSTICE, TO DECRY COMPLIANCY, TO AFFIRM EQUALITY, AND UPHOLD HUMAN DIGNITY MANY AREAS OF LSSM'S ACTIVITY ARE UNDERTAKEN IN PARTNERSHIP WITH PUBLIC AGENCIES, A PARTNERSHIP BORNE OF THE HOPE THAT PEOPLE CAN BE BETTER SERVED WHEN A CHURCH AGENCY SUCH AS LSSM WORKS CONSTRUCTIVELY WITH GOVERNMENT THE ISSUES SET FORTH SPELL-OUT WHAT LSSM BELIEVES GOVERNMENT CAN DO TO ALLEVIATE SOME OF THE PROBLEMS FACED BY ITS CLIENTS AND PROGRAMS AN ALLOCATION OF PERSONNEL TIME AND EXPENSE IS PROVIDED FOR LINE 1(G), LOBBYING COSTS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	8,505,913	6,732,024	7,279,657	6,910,539	
b Contributions	306,047	1,227,756	344,490	369,118	
c Investment earnings or losses	-108,351	716,349			
d Grants or scholarships					
e Other expenditures for facilities and programs	181,847	170,216			
f Administrative expenses					
g End of year balance	8,521,762	8,505,913	7,624,147	7,279,657	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 3 582 %
- c Term endowment ▶ 96 418 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,704,380		3,704,380
b Buildings		65,280,398	30,922,965	34,357,433
c Leasehold improvements				
d Equipment		6,808,127		6,808,127
e Other		1,851,180		1,851,180
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				46,721,120

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN LAS	-231,575	C
(B) PARTNERSHIP (DANISH VILLAGE)	9,325,695	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	9,094,120	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,851,823

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED COMP LIABILITY	458,522
FUNDS HELD IN TRUST	2,809,427
MINORITY INTEREST IN PARTNERSH	2,153,287
CONSOLIDATED PARTNERSHIP DEBT	4,282,483
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	9,703,719

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,101,141
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,735,557
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,365,584
4	Net unrealized gains (losses) on investments	4	-280,019
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,000,455
9	Total adjustments (net) Add lines 4 - 8	9	720,436
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,086,020

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	87,776,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,675,046		
e	Add lines **2a** through **2d**			2e	2,675,046
3	Subtract line **2e** from line **1**			3	85,101,141
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	85,101,141

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	85,690,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,954,610		
e	Add lines **2a** through **2d**			2e	1,954,610
3	Subtract line **2e** from line **1**			3	83,735,557
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	83,735,557

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS	PART V, LINE 4	INVESTMENTS OF THE PERMANENTLY RESTRICTED NET ASSETS CONSIST OF MONEY MARKET FUNDS, CERTIFICATES OF DEPOSIT AND MUTUAL FUNDS WITH A TARGET ALLOCATION OF 65% IN EQUITIES AND 35% IN FIXED INCOME SECURITIES ON A PERIODIC BASIS, THE FOUNDATION'S INVESTMENT COMMITTEE WILL PROJECT THE AVAILABLE FUNDS TO BE DISBURSED OUT OF THE ENDOWMENT FUND BASED ON THIS PROJECTION, THE FOUNDATION'S EXECUTIVE COMMITTEE WILL SELECT AND APPROVE A DISBURSEMENT PLAN FOR THE RELATED PERIOD DISBURSEMENTS ARE MADE TO SUPPORT THE OPERATIONAL AND CAPITAL NEEDS OF LSSM THE DONORS OF THESE ASSETS PERMIT LSSM TO USE THE INCOME FOR GENERAL PURPOSES THE LSSM FOUNDATION IS A WHOLLY-OWNED NOT FOR PROFIT SUBSIDIARY OF LSSM DONORS CONTRIBUTE PERMANENTLY RESTRICTED NET ASSETS TO THE FOUNDATION THROUGH FOUR ENDOWMENT FUNDS
ACCUMULATED DEPRECIATION	SCHEDULE D, PART VI, LINE 1(B)(C)	ACCUMULATED DEPRECIATION IS NOT AVAILABLE BY ASSET CATEGORY
ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	LSSM AND ITS SUBSIDIARIES FALL UNDER THE GROUP EXEMPTIONS GRANTED TO THE EVANGELICAL LUTHERAN CHURCH IN AMERICA BY THE INTERNAL REVENUE SERVICE LSSM IS SIMILARLY EXEMPT FROM MICHIGAN TAXES LSSM IS EXEMPT FROM FEDERAL INCOME TAXES DUE TO ITS STATUS AS A NOT-FOR-PROFIT CORPORATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) THEREFORE NO PROVISION FOR INCOME TAX HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS ALL SIGNIFICANT TAX POSITIONS HAVE BEEN EVALUATED BY MANAGEMENT LSSM DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST AS OF DECEMBER 31, 2011
RECONCILIATION OF CHANGE IN NET ASSETS	schedule d, part xi, line 8	PARTNERSHIP LOSS - (415,583) NET LOSS FROM AFFILIATE'S OPERATIONS - (38,352) MINORITY INTEREST IN PARTNERSHIP GAIN - 1,454,390
RECONCILIATION OF REVENUE	schedule d, part xii, line 2d	PARTNERSHIP REVENUE - 1,220,656 MINORITY INTEREST IN PARTNERSHIP (INCOME) - 1,454,390
RECONCILIATION OF EXPENSES	schedule d, part xiii, line 2d	PARTNERSHIP EXPENSES - 1,636,239 UNREALIZED LOSS ON INVESTMENTS - 280,019 NET (LOSS) FROM AFFILIATE'S OPERATIONS - 38,352

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: Lutheran Social Services of Michigan

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
DEFERRED COMP INVESTMENTS	455,622
FUNDS HELD IN TRUST	3,111,745
INSURANCE RESERVE	198,195
DEFERRED ANNUITY	430,057
START UP COSTS (NET)	1,270,319
REPAIR ESCROW	59,850
EMPLOYEE BENEFITS	470,185
MISCELLANEOUS	9,667
OTHER RESERVES	679,400
DEFERRED FINANCING FEES (NET)	166,783

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MISCELLANEOUS	1698	9,256,278		fmv	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GRANTS TO INDIVIDUALS DETAIL	SCHEDULE I, PART III	THE TOTAL ASSISTANCE TO INDIVIDUALS OF $9,256,278 IS BROKEN DOWN AS FOLLOWS BOARD AND CARE FEES FOR FOSTER CHILDREN $5,037,454 CLOTHING FOR FOSTER CHILDREN 177,903 SPECIAL NEEDS FOR FOSTER CHILDREN 2,182,701 CHRISTMAS GIFTS FOR FOSTER CHILDREN 17,835 CLOTHING FOR DEVELOPMENTALLY DISABLED 5,149 SPECIAL NEEDS FOR REFUGEES 1,833,878 OTHER 1,358

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK STUTRUD - LSSM	(i) (ii)	272,168 0	36,750 0	0 0	106,785 0	13,525 0	429,228 0	0 0
(2) KRISTI MCKENZIE - LSSM	(i) (ii)	155,922 0	0 0	0 0	3,861 0	5,356 0	165,139 0	0 0
(3) RICHARD MARTIN - LSSM	(i) (ii)	143,467 0	0 0	0 0	1,698 0	10,311 0	155,476 0	0 0
(4) JERRY BENJAMIN - LSSM	(i) (ii)	193,740 0	0 0	0 0	4,834 0	11,707 0	210,281 0	0 0
(5) CYNTHIA HABERMAN - LSSM	(i) (ii)	136,500 0	0 0	0 0	3,407 0	11,620 0	151,527 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE J ADDITIONAL INFORMATION	SCHEDULE J, PART I	LOUIS PRUES IS AN ORDAINED MINISTER AND AS SUCH IS RESPONSIBLE FOR HIS OWN SOCIAL SECURITY HIS COMPENSATION IS GROSSED UP TO REFLECT THE NORMAL ONE-HALF OF SOCIAL SECURITY AN EMPLOYER WOULD PAY
RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	LSSM AND H-LINE EMPLOYEES (NON-CLERGY) PARTICIPATE IN A DEFINED-CONTRIBUTION REGULAR PENSION PLAN (PLAN) THE PLAN IS A QUALIFIED RETIREMENT PLAN UNDER SECTION 403(B) OF THE INTERNAL REVENUE CODE THE PENSION BENEFITS ARE ADMINISTERED THROUGH THE EVANGELICAL LUTHERAN CHURCH OF AMERICA (ELCA) INSTITUIONAL PENSION PLAN AN EMPLOYEE MUST BE 18 YEARS OF AGE AND HAVE WORKED FOR LSSM OR H-LINE ONE YEAR TO BE ELIGIBLE TO PARTICIPATE IN THE PLAN EMPLOYER CONTRIBUTIONS FOR THE YEAR ENDED DECEMBER 31, 2011 WERE $917,691 LSSM HAS DEFERRED COMPENSATION PLANS WHICH ALLOW FOR ELECTIVE PARTICIPANT DEFERRALS THERE IS NO REQUIRED EMPLOYER MATCH THE PLANS ARE NOT INTENDED TO BE QUALIFIED PLANS UNDER THE PROVISION OF THE INTERNAL REVENUE CODE THE PLANS ARE INTENDED TO BE UNFUNDED AND, THEREFORE, ALL COMPENSATION DEFERRED IS HELD BY LSSM AND COMBINED WITH ITS GENERAL ASSETS HOWEVER, EMPLOYEE DEFERRALS ARE DEPOSITED INTO INSURANCE CONTRACTS OWNED BY LSSM WITHIN THESE CONTRACTS, THE EMPLOYEES HAVE THE OPTION OF SELECTING A VARIETY OF INVESTMENTS THE RETURN ON THESE UNDERLYING INVESTMENTS WILL DETERMINE THE AMOUNT OF EARNING CREDIT BENEFITS CONSISTING OF THE ELECTIVE PARTICIPANT DEFERRALS AND ACCRUED INTEREST WILL BE PAYABLE UPON DEATH, DISABILITY, OR RETIREMENT THE LIABILITY UNDER THESE PLANS TOTAL $458,522 AT DECEMBER 31, 2011 EFFECTIVE JANUARY 1, 2010, LSSM ESTABLISHED A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR MARK STUTRUD, PRESIDENT THE PLAN IS A NON-QUALIFIED, DEFERRED COMPENSATION ARRANGEMENT UNDER WHICH THE ASSETS ARE OWNED BY LSSM UNDER THE TERMS OF THE PLAN, THE PARTICIPANT EARNS CREDITS BASED ON YEARS OF SERVICE AND FULLY VESTS AT RETIREMENT LSSM IS RECOGNIZING AN ESTIMATE OF THE EXPENSE INCURRED AS CREDITED SERVICE IS EARNED IN 2011, EXPENSES OF $100,000 WERE RECOGNIZED LSSM ESTABLISHED A SECTION 457(b) PLAN IN 2011 WHICH HAS NOT YET BEEN FUNDED

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT CORP - CITY OF GRAND RAPIDS	52-1701965	386246HF2	06-25-2007	30,350,000	RENOVATE GRAND RAPIDS PROPERTY		X		X		X
B	MICHIGAN STRATEGIC FUND	52-1417332	59469C6MO	09-10-2003	19,195,000	RE-FINANCE DEBT, RENOVATE FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,560,000	2,545,000		
2	Amount of bonds defeased	0	0		
3	Total proceeds of issue	30,350,000	19,195,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	16,344,617		
7	Issuance costs from proceeds	605,333	354,862		
8	Credit enhancement from proceeds	100,003	385,021		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	29,644,664	2,110,500		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2009	2006		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?								
6	Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		22,518	THRIFT SHOP
6 Cars and other vehicles	X	7	20,060	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	124,985	MARKET QUOTATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	540,000	QUALIFIED APPRAISAL
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		57,348	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
FOOD CONTRIBUTIONS	SCHEDULE M, PART I, LINE 19	A LOCAL FOOD BANK CONTRIBUTES FOOD THROUGHOUT THE YEAR AS SUPPLIES ARE AVAILABLE
VEHICLE CONTRIBUTIONS	SCHEDULE M, PART I, LINE 32B	LUTHERAN SOCIAL SERVICES OF MICHIGAN REFERS DONORS OF VEHICLES TO A THIRD PARTY WHO PREPARES THE VEHICLES FOR SALE ONCE THE VEHICLE HAS BEEN SOLD, THE PROCEEDS NET OF EXPENSES ARE REMITTED TO LUTHERAN SOCIAL SERVICES OF MICHIGAN
REAL ESTATE	SCHEDULE M, PART I, LINE 16	

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Identifier	Return Reference	Explanation
RELATED PARTY DISCLOSURE - SUBSIDIARIES AND AFFILIATES	SCHEDULE R	THE LSSM FOUNDATION IS A WHOLLY-OWNED, NOT-FOR-PROFIT SUBSIDIARY OF LSSM DONORS CONTRIBUTE PERMANENTLY RESTRICTED NET ASSETS TO THE FOUNDATION THROUGH THE ENDOWMENT FUNDS H-LINE, INC , A WHOLLY-OWNED, NOT-FOR-PROFIT LLC OF LSSM, IS A SERVING MINISTRY FOR THE FEDERAL BUREAU OF PRISONS FOR NONVIOLENT CRIMINAL WOMEN H-LINE ALSO PROVIDES SERVICES FOR WOMEN WITHOUT FOOD OR SHELTER OR WHO ARE OTHERWISE IN NEED LAKEVIEW CADILLAC HOLDINGS, LLC (LCH) WAS FORMED BY LSSM TO OWN THE ASSETS OF LAKEVIEW LUTHERAN MANOR IN AUGUST 2011, LSSM TRANSFERRED AT BOOK VALUE THE PROPERTY TO LCH, WHO SUBSEQUENTLY ENTERED INTO A $7,628,700 HUD INSURED MORTGAGE AGREEMENT TO RENOVATE THE FACILITY AT DECEMBER 31, 2011, LCH HAD BORROWED $3,310,975 ON THE CONSTRUCTION LOAN LSSM CONTINUES TO DO BUSINESS AS LAKEVIEW LUTHERAN MANOR AND LEASES THE ASSETS FROM LCH IN SEPTEMBER 2011, LSSM PURCHASED THE ASSETS AND FRANCHISE RIGHTS OF A HOME CARE ASSISTANCE COMPANY LSSM REPORTS THIS ACTIVITY AS LUTHERAN IN-HOME CARE IN ITS FINANCIAL STATEMENTS THE ASSETS ACQUIRED AND LIABILITIES ASSUMED AS A RESULT OF THE ACQUISITION ARE INCLUDED IN LSSM'S CONSOLIDATED BALANCE SHEETS AS OF THE ACQUISITION DATE THE PURCHASE PRICE WAS ALLOCATED TO THE TANGIBLE AND IDENTIFIABLE INTANGIBLE ASSETS ACQUIRED AND LIABILITIES ASSUMED BASED ON THEIR ESTIMATED FAIR VALUES ON THE ACQUISITION DATE DANISH VILLAGE GP, LLC IS THE WHOLLY-OWNED GENERAL PARTNER OF DANISH VILLAGE LDHA, WHICH PROVIDES HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS IN ROCHESTER HILLS, MICHIGAN THIS PARTNERSHIP WAS FORMED IN 2006 AND, IN 2007, PURCHASED AN ESTABLISHED HOUSING FACILITY FROM LUTHERAN HOUSING CORPORATION, AN AFFILIATE OF LSSM, FOR $7,140,000 DURING 2007, THE PARTNERSHIP REHABILITATED THIS HOUSING FACILITY HOPE DEVELOPMENT SOLUTIONS, LLC, A WHOLLY-OWNED LLC OF LSSM, WAS FORMED IN 2006 TO PROVIDE MANAGEMENT SERVICES FOR THE REHABILITATION OF THE DANISH VILLAGE HOUSING FACILITY MAPLE CREEK SENIOR LIVING, LLC IS A WHOLLY OWNED LLC OF LSSM THAT PROVIDES INDEPENDENT LIVING COMMUNITIES FOR SENIORS AT LSSM'S MAPLE CREEK CONTINUING CARE RETIREMENT COMMUNITY IN GRAND RAPIDS, MICHIGAN THESE COMMUNITIES CONSIST OF APARTMENTS AND CONDOMINIUM-STYLE UNITS ENTRY FEES ARE MAINTAINED IN SEPARATE ACCOUNTS AND ARE REPORTED AS FUNDS HELD IN TRUST FIFTY PERCENT (50%) OF THE ENTRANCE FEE IS FULLY REFUNDABLE TO THE RESIDENT, WHILE MAPLE CREEK SENIOR LIVING, LLC CAN EARN UP TO THE REMAINING 50% DEPENDING ON THE ACTUAL LENGTH OF OCCUPANCY THE REFUNDABLE PORTION OF THE ENTRANCE FEE IS REMITTED WHEN AN INDIVIDUAL TERMINATES THEIR RESIDENCY IN THE COMMUNITY ENTRANCE FEES ARE AMORTIZED AND RECOGNIZED AS REVENUE BASED ON AN ESTIMATE OF THE AVERAGE LENGTH OF OCCUPANCY FOR ALL RESIDENTS AT DECEMBER 31, 2011, ENTRY FEE DEPOSITS TOTALED $2,473,913 AND WERE PARTIALLY OFFSET BY A LIABILITY OF $2,212,891 LSSM IS ONE OF TWO MEMBERS OF LUTHERAN ADOPTION SERVICES (LAS), A NOT-FOR-PROFIT CORPORATION LSSM USES THE EQUITY METHOD TO RECORD ITS 50% EQUITY INTEREST IN LAS LSSM'S 2011 EQUITY INTEREST IN LAS WAS ($231,575)

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11A	PRIOR TO SUBMISSION TO THE IRS, THE FORM IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY BY MONITORING CONTRACTS, INVOICES, AND PERSONNEL, AND BY REQUESTING INFORMATION AT ALL BOARD MEETINGS

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	PART VI, SECTION B, LINE 15	CEO COMPENSATION THE EXECUTIVE COMMITTEE DETERMINES CEO COMPENSATION USING COMPARATIVE DATA COMPILED BY INTERNAL AND EXTERNAL HUMAN RESOURCE DIVISION SOURCES, ALONG WITH SPECIFIC GOAL ACHIEVEMENTS OTHER TOP COMPENSATION AT DIRECTION OF THE HUMAN RESOURCES DEPARTMENT, COMPARABLE DATA AND BUDGETARY GUIDELINES ARE USED TO DETERMINE COMPENSATION

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST JERRY BENJAMIN HAS PUBLIC INSPECTION COPIES AVAILABLE AT 8131 EAST JEFFERSON, DETROIT, MI 48214

Identifier	Return Reference	Explanation
DISREGARDED ENTITY PRIMARY ACTIVITY	SCHEDULE R, PART I	HOPE DEVELOPMENT SOLUTIONS LLC PRIMARY ACTIVITY TO DEVELOP AFFORDABLE HOUSING SOLUTIONS

Identifier	Return Reference	Explanation
ADDITIONAL SCHEDULE R INFORMATION	SCHEDULE R, PART V, LINE 2	LSSM'S BOARD OF DIRECTORS ELECTS THE MAJORITY OF THE BOARDS OF LUTHERAN HOUSING CORPORATION (FORMERLY D/B/A DANISH VILLABE), LUTHERAN HOUSING CORPORATION OF CHEBOYGAN (D/B/A GREBE VILLAGE), LUTHERAN HOUSING CORPORATION OF LANSING (D/B/A ALISON HOUSE), LUTHERAN HOUSING CORPORATION OF ALPENA (D/B/A LUTHER COMMUNITY MANOR), LUTHERAN HOUSING CORPORATION OF ANN ARBOR (D/B/A SEQUOIA PLACE), LUTHERAN HOUSING CORPORATION - CALVARY (D/B/A GATESHEAD CROSSING), LUTHERAN HOUSING CORPORATION OF ADRIAN (D/B/A ADRIAN VILLAGE) AND LUTHERAN HOUSING CORPORATION OF MONROE (D/B/A VILLAGE PINES OF MONROE), EACH OF WHICH IS A SEPARATE TAX-EXEMPT ORGANIZATION WHOSE PURPOSE IS AFFORDABLE HOUSING SOLUTIONS LSSM HAS RECEIVABLES FROM THESE RELATED FACILITIES AND OTHER MANAGED FACILITIES TOTALING $2,309,497 AND LSSM PROVIDES MANAGEMENT SERVICES TO THESE FACILITIES FOR WHICH IT RECOGNIZED MANAGEMENT SERVICE REVENUE OF $643,993

Identifier	Return Reference	Explanation
JOINT VENTURE PARTICIPATION	PART VI, SECTION B, LINE 16	DANISH VILLAGE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP (THE ASSOCIATION) WAS FORMED AS A LIMITED PARTNERSHIP IN DECEMBER 2006 FOR THE PURPOSE OF CONSTRUCTING, OWNING, OPERATING, AND MANAGING HOUSING FACILITIES IN ROCHESTER HILLS, MICHIGAN FOR ELDERLY AND HANDICAPPED INDIVIDUALS THE PROJECT IS A 150-UNIT APARTMENT COMPLEX THE ASSOCIATION HAS ONE GENERAL PARTNER - DANISH VILLAGE GP, LLC AND ONE LIMITED PARTNER - GL-DANISH VILLAGE ROCHESTER HILLS LLC

Identifier	Return Reference	Explanation
POLICIES OF DISREGARDED ENTITIES	PART VI, SECTION B, LINE 12-16	ALTHOUGH THE DISREGARDED ENTITIES HAVE NOT ADOPTED ALL OF THESE GOVERNANCE POLICIES, THEY FOLLOW THE SAME POLICIES AS LSSM

Identifier	Return Reference	Explanation
DANISH VILLAGE GP, LLC	SCHEDULE R, PART I	DANISH VILLAGE GP, LLC IS THE GENERAL PARTNER OF DANISH VILLAGE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP (DANISH VILLAGE LDHA) WHILE ALLOCATION OF THE PROFITS AND LOSSES ARE ALLOCATED 99 99% TO THE LIMITED PARTNER AND 0 01% TO THE GENERAL PARTNER, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVISIONS REGARDING CONSOLIDATION OF SUBSIDIARIES, THE GENERAL PARTNER IS DEEMED TO CONTROL THE LIMITED PARTNERSHIP AND, THEREFORE, THE ACCOUNTS OF THE PARTNERSHIP ARE CONSOLIDATED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF LSSM THE LIMITED PARTNER'S SHARE OF EQUITY, INCOME AND LOSS OF DANISH VILLAGE LDHA ARE REPORTED AS MINORITY INTEREST IN THE CONSOLIDATED FINANCIAL STATEMENTS TOTAL ASSETS $11,229,049 TOTAL LIABILITIES $9,076,244 TOTAL NET ASSETS $2,152,805

Identifier	Return Reference	Explanation
AFFILIATED ORGANIZATIONS INCLUDED	FORM 990, LINE H(B)	LSSM FOUNDATION 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-3201490 H-LINE INC 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-2726270

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	990, PART XI, LINE 5	PARTNERSHIP REVENUE - 1,220,656 PARTNERSHIP EXPENSES - (1,636,239) MINORITY INTEREST IN PARTNERSHIP (INCOME) - 1,454,390 UNREALIZED LOSS ON INVESTMENTS - (280,019) NET LOSS FROM AFFILIATE'S OPERATIONS - (38,352)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Lutheran Social Services of Michigan

Employer identification number
38-1360553

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOPE DEVELOPMENT SOLUTIONS LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529686	SCHEDULE O	MI		309,972	NA
(2) DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSIS	MI		-337	NA
(3) MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSIS	MI	-1,665,028	21,001,875	NA
(4) LAKEVIEW CADILLAC HOLDINGS LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOLDING CO	MI			NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DANISH VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 20-2660328	LOW-INCOME HO	MI	NA	RELATED	-69	-482		No	0	Yes		0 010 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-1360553
Name: Lutheran Social Services of Michigan

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
EVANGELICAL LUTHERAN CHURCH IN AMERICA 8765 W HIGGINS ROAD CHICAGO, IL 60631 41-1568278	CHURCH	IL	501(C)(3)	1	NA		No
LSSM FOUNDATION 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3201490	SOCIAL SERV	MI	501(C)(3)	7	LSSM		No
H-LINE INC 8131 E JEFFERSON AVE DETROIT, MI 48214 38-2726270	SOCIAL SERV	MI	501(C)(3)	7	LSSM		No
LUTHERAN HOUSING CORPORATION 8131 E JEFFERSON AVE DETROIT, MI 48214 38-2137550	SOCIAL SERV	MI	501(C)(3)	7	LSSM		No
LUTHERAN HOUSING CORP OF CHEBOYGAN 1035 STANLEY STREET CHEBOYGAN, MI 49721 38-2593772	SOCIAL SERV	MI	501(C)(3)	9	LSSM		No
LUTHERAN HOUSING CORPORATION OF ALPENA 210 WILSON ST ALPENA, MI 49707 38-2534392	SOCIAL SERV	MI	501(C)(3)	9	LSSM		No
LUTHERAN HOUSING CORP OF ANN ARBOR 8131 E JEFFERSON AVENUE DETROIT, MI 48214 38-3112348	SOCIAL SERV	MI	501(C)(3)	7	LSSM		No
LUTHERAN HOUSING CORPORATION OF ADRIAN 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3258344	SOCIAL SERV	MI	501(C)(3)	9	LSSM		No
LUTHERAN HOUSING CORPORATION OF MONROE 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3258345	SOCIAL SERV	MI	501(C)(3)	9	LSSM		No
LUTHERAN ADOPTION SERVICE 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3330163	SOCIAL SERV	MI	501(C)(3)	7	LSSM		No
LUTHERAN NP HOUSING CORP - LANSING 8131 E JEFFERSON AVENUE DETROIT, MI 48214 30-0141220	SOCIAL SERV	MI	501(C)(3)	9	LSSM		No
LUTHERAN HOUSING CORPORATION - CALVARY 4950 GATESHEAD STREET DETROIT, MI 48236 20-8466348	SOCIAL SERV	MI	501(C)(3)	9	LSSM		No
LUTHERAN IN-HOME CARE 8131 E JEFFERSON DETROIT, MI 48214 45-3164676	HOME CARE	MI	501(C)(3)	9	LSSM		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	LUTHERAN ADOPTION SERVICE	A	123,363	
(2)	LUTHERAN ADOPTION SERVICE	D	842,104	
(3)	LUTHERAN ADOPTION SERVICE	K	121,443	
(4)	LUTHERAN ADOPTION SERVICE	Q	84,975	
(5)	MULTIPLE SEE SCHEDULE O	D	2,309,497	
(6)	MULTIPLE SEE SCHEDULE O	K	643,993	
(7)	DANISH VILLAGE LDHA LP	D	2,768,333	