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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)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Lutheran Social Services of Michigan		D Employer identification number 38-1360553	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 8131 E Jefferson Avenue Suite	Room/suite	E Telephone number (313) 823-7700	
	City or town, state or country, and ZIP + 4 Detroit, MI 48214		G Gross receipts \$ 97,210,600	
	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
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Activities & Governance	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			
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	2,353	
	6	Total number of volunteers (estimate if necessary)	6,310	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	137,937		
7b	Net unrelated business taxable income from Form 990-T, line 34	4,937		
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,941,143	15,885,427
	9	Program service revenue (Part VIII, line 2g)	65,184,668	71,304,652
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	292,394	362,906
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,682,936	2,061,779
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,101,141	89,614,764
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	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)	46,401,563	49,268,473
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>1,057,663</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	28,077,716	27,770,309
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,735,557	89,104,845
19		Revenue less expenses Subtract line 18 from line 12	1,365,584	509,919
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	98,447,725	108,227,206
	21	Total liabilities (Part X, line 26)	64,081,833	70,424,856
	22	Net assets or fund balances Subtract line 21 from line 20	34,365,892	37,802,350

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	*****			2013-11-14	
	Signature of officer			Date	
Paid Preparer Use Only	MARK STUTRUD PRESIDENT				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Kathleen Guider		Preparer's signature		Date
	Check ☐ if self-employed		PTIN		
	Firm's name ▶ BDO USA LLP			Firm's EIN ▶	
	Firm's address ▶ 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503			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

Lutheran Social Services of Michigan (LSSM) mission is serving people as an expression of the love of Christ Started as the Lutheran Inner Mission League in 1934, LSSM's programs serve children and families, senior adults, refugees, persons with disabilities, and others in need throughout the lower peninsula LSSM's programs and services strive to improve the quality of life, promote mental and physical health and encourage human growth and development for the more than 20,000 people we serve every year without regard to religion, race or ethnicity LSSM is dedicated to creating communities of service that meets the needs of people, promoting 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 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 \$ 42,127,753 including grants of \$) (Revenue \$ 44,906,742)
	Lutheran Social Services of Michigan (LSSM) offers a continuum of services for senior adults LSSM operates two independent living communities, two independent living/assisted living communities, one assisted living/memory care community, and three skilled nursing communities offering inpatient rehabilitation services In 2012, we served 506 residents in our independent/assisted living programs, allowing these residents to maintain independence within the community In addition, we served 1,030 residents in our skilled nursing communities LSSM places a strong emphasis on quality services for our residents and focuses on resident safety and other clinical indicators
4b	(Code) (Expenses \$ 19,947,409 including grants of \$) (Revenue \$ 21,754,090)
	LSSM is the largest private foster care agency in Michigan, with eight offices in the lower peninsula In addition to domestic foster care, LSSM manages an Unaccompanied Refugee Minors foster care program In 2012, we served 1,512 domestic and unaccompanied minor foster youth providing 288,567 days of foster care Of the youth in foster care, 62% were able to return to a parent or family member, well above the 43% benchmark set by the State of Michigan Achieving permanency is critical for the well-being of children who are unable to return to a parent/family member, and 67% of our youth were placed for adoption within 24 months of entering the foster care system, out-performing the State of Michigan benchmark of 36% Together with Lutheran Child and Family Services of Michigan, we operate Lutheran Adoption Service (LAS) In 2012, LAS facilitated adoptions for 431 youth As in the previous years, none of the adoptions finalized by LAS were disrupted LSSM also offers Family Preservation Programs whose objective is to keep at-risk children safely with their families In 2012, our Families First and Family Reunification programs served 229 families who were at risk of having children removed by Child Protective Services Of those families, 84% (192) were still intact 12 months after the intervention LSSM administers the State of Michigan's Education and Training Voucher (ETV) program, which enables youth who have been or currently are in foster care to pursue secondary education or vocational training by providing case management, mentoring and financial assistance In 2012, 635 youth received support through the ETV program
4c	(Code) (Expenses \$ 5,088,372 including grants of \$) (Revenue \$ 5,390,457)
	LSSM provides residential care and support for individuals with developmental disabilities or mental illness, primarily through contracts with Community Mental Health agencies LSSM owns and/or operates 15 licensed group homes located in 10 counties, we also provide services through staff support in the consumers' home or with their families In 2012, LSSM served 93 consumers
	(Code) (Expenses \$ 15,517,454 including grants of \$) (Revenue \$ 15,151,886)
	SEE DESCRIPTION IN SCHEDULE O
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 15,517,454 including grants of \$) (Revenue \$ 15,151,886)
4e	Total program service expenses ▶ 82,680,988

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 for escrow or custodial account liability, 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 Yes	
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, line 10? 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	No
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 Yes	
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 and XII 	12a	No
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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	104	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	2,353	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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, securities account, or other financial account)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the 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 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	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	15	
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 this 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 ☐ Other (explain in Schedule O)	
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 during the tax year	
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 (313) 823-7700

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

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. 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,655,938	0	245,628

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 ►14

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	368,422
BDO USA LLP , 200 OTTAWA AVENUE NW SUITE 300 GRAND RAPIDS MI 49503	AUDIT/ACCOUNTING	128,700
DYKEMA GOSSETT PLLC , 2723 S STATE ST STE 400 ANN ARBOR MI 48104	LEGAL	133,314
PLUNKETT COONEY , 535 GRISWOLD STE 2400 DETROIT MI 48226	LEGAL	121,183

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 ►4

Part VIII

Statement of Revenue

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

				(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 . . .	1a	125,698			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,255,501			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,504,228			
	g	Noncash contributions included in lines 1a-1f \$		82,244			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	RESIDENT SERVICES	Business Code	623000	44,326,604	44,326,604	
	b	CHILD CARE SERVICES		624100	16,824,207	16,824,207	
	c	PROGRAM SERVICE FEES		623990	10,153,841	10,153,841	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			71,304,652		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			572,739	
4		Income from investment of tax-exempt bond proceeds . .			0		
5		Royalties			0		
6a		Gross rents	(i) Real	(ii) Personal	84,571	84,571	
			97,971				
		b	Less rental expenses				
		c	Rental income or (loss)	84,571			
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-209,833		
			7,372,603				
		b	Less cost or other basis and sales expenses	7,582,436			
		c	Gain or (loss)	-209,833			
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .			0		
		a					
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19			0		
		a					
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances . .			0		
		a					
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue			Business Code	656,027	518,090	137,937
11a	MANAGEMENT SERVICE TO EXEMPT ORGANIZATIONS	541610					
b	MISCELLANEOUS - NET	541860					
c	INVESTMENT IN PARTNERSHIP	532000					
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			89,614,764	73,228,494	137,937	362,906

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).

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.	12,066,063	12,066,063		
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.	1,332,424		1,332,424	
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.	38,848,152	36,682,902	1,554,586	610,664
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	890,860	711,925	154,081	24,854
9	Other employee benefits.	4,229,794	3,641,528	491,342	96,924
10	Payroll taxes.	3,967,243	3,696,345	233,774	37,124
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	468,052	393,116	74,936	
c	Accounting.	117,513	15,000	102,513	
d	Lobbying.	1,672		1,672	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	27,985		27,985	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,556,433	5,348,330	142,628	65,475
12	Advertising and promotion.	715,753	598,223	64,141	53,389
13	Office expenses.	3,205,447	3,028,842	153,418	23,187
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	5,809,431	5,587,100	202,160	20,171
17	Travel.	1,613,137	1,484,483	99,015	29,639
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	300,959	190,214	87,376	23,369
20	Interest.	1,926,795	1,728,745	186,978	11,072
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	3,253,191	3,116,346	122,868	13,977
23	Insurance.	715,316	625,296	74,817	15,203
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	FOOD	1,758,572	1,758,572		
b	BAD DEBT EXPENSE	218,068	218,068		
c	DUES & MEMBERSHIPS	144,225	115,682	27,301	1,242
d	REPAIRS & MAINTENANCE	1,632,809	1,488,531	131,813	12,465
e	All other expenses	304,951	185,677	100,366	18,908
25	Total functional expenses. Add lines 1 through 24e.	89,104,845	82,680,988	5,366,194	1,057,663
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,522,768	1	3,875,545
	2	Savings and temporary cash investments		2,315,423	2	3,558,414
	3	Pledges and grants receivable, net		85,338	3	591,539
	4	Accounts receivable, net		10,495,702	4	11,436,358
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		157,924	8	127,060
	9	Prepaid expenses and deferred charges		299,475	9	364,011
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a82,401,000			
	b	Less accumulated depreciation	10b33,068,748	46,721,120	10c	49,332,252
	11	Investments—publicly traded securities		17,290,482	11	19,047,764
	12	Investments—other securities See Part IV, line 11		9,094,120	12	0
	13	Investments—program-related See Part IV, line 11		0	13	12,211,238
	14	Intangible assets		613,550	14	525,224
	15	Other assets See Part IV, line 11		6,851,823	15	7,157,801
	16	Total assets. Add lines 1 through 15 (must equal line 34)		98,447,725	16	108,227,206
Liabilities	17	Accounts payable and accrued expenses		9,966,304	17	12,272,964
	18	Grants payable		0	18	0
	19	Deferred revenue		759,285	19	1,041,789
	20	Tax-exempt bond liabilities		39,440,000	20	38,645,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	2,518,770
	22	Loans and other 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		4,212,525	23	7,396,615
	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		9,703,719	25	8,549,718
	26	Total liabilities. Add lines 17 through 25		64,081,833	26	70,424,856
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		23,108,366	27	24,784,832
	28	Temporarily restricted net assets		3,041,000	28	4,074,207
	29	Permanently restricted net assets		8,216,526	29	8,943,311
	Organizations that do not follow SFAS 117 (ASC 958), 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		34,365,892	33	37,802,350
	34	Total liabilities and net assets/fund balances		98,447,725	34	108,227,206

Part XI Reconciliation 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	89,614,764
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,104,845
3	Revenue less expenses Subtract line 2 from line 1	3	509,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,365,892
5	Net unrealized gains (losses) on investments	5	880,710
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,045,829
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,802,350

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
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?	Yes	
3b	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	Yes	

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

2012

Open to Public
Inspection

Name of the organization Lutheran Social Services of Michigan	Employer identification number 38-1360553
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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 described in 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 - Non-functionally integrated
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? (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 supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,920,108	8,956,473	10,801,464	17,941,143	15,885,427	62,504,615
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	8,920,108	8,956,473	10,801,464	17,941,143	15,885,427	62,504,615
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)						0
6 Public support. Subtract line 5 from line 4						62,504,615

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,920,108	8,956,473	10,801,464	17,941,143	15,885,427	62,504,615
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	307,489	241,744	338,563	431,166	515,163	1,834,125
9 Net income from unrelated business activities, whether or not the business is regularly carried on				-5,245	4,937	-308
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support (Add lines 7 through 10)						64,338,432
12 Gross receipts from related activities, etc. (see instructions)					12	287,962,477
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 2012 (line 6, column (f) divided by line 11, column (f))	14	97 150 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	89 612 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIIPart III

Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization Lutheran Social Services of Michigan	Employer identification number 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 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 function 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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		255
f	Grants to other organizations for lobbying purposes?	Yes		1,769
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		31,236
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			33,260
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	Lutheran Social Services of Michigan does not engage in any political campaign activities. We work to shape state and federal public policy by educating public officials and advocating on specific issues including, but not limited to, aging services, child welfare, affordable housing, refugee services, persons with disabilities, and other nonprofit sector issues. We focus on policies that equip people for the dual role of caring for self and caring for others. By engaging in advocacy on public policy issues, Lutheran Social Services of Michigan helps public officials better understand how policies affect their constituents - people and families in need of health care and social services, employers and employees, and people and organizations providing care and services. An allocation of personnel time and expense is provided for Line 1(g) lobbying costs.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	8,521,762	8,505,913	6,732,024	7,279,657	6,910,539
b	Contributions	726,785	306,047	1,227,756	344,490	369,118
c	Net investment earnings, gains, and losses	1,151,733	-108,351	716,349		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	178,900	181,847	170,216		
f	Administrative expenses					
g	End of year balance	10,221,380	8,521,762	8,505,913	7,624,147	7,279,657

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

87 496 %

c

Temporarily restricted endowment

12 504 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

	Yes	No
3a(i)		No

(ii)

related organizations

	Yes	No
3a(ii)		No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3b		

4

Describe in Part XIII 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		2,157,932		2,157,932
b Buildings		70,056,078	33,068,748	36,987,330
c Leasehold improvements		1,617,861		1,617,861
d Equipment		6,922,084		6,922,084
e Other		1,647,045		1,647,045
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				49,332,252

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	90,844,911
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 XIII)	2d	1,244,198		
e	Add lines 2a through 2d			2e	1,244,198
3	Subtract line 2e from line 1			3	89,600,713
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 XIII)	4b	14,051		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	89,614,764
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	90,620,412
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 XIII)	2d	1,515,567		
e	Add lines 2a through 2d			2e	1,515,567
3	Subtract line 2e from line 1			3	89,104,845
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 XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	89,104,845
Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 EARNED ON THE RELATED INVESTMENTS 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 FIVE 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, 2012.
ESCROW AND CUSTODIAL ARRANGEMENTS	SCHEDULE D, PART IV, LINE 2B	LSSM HAS PHYSICAL CUSTODY OF ASSETS HELD IN TRUST WHICH ARE NOT AVAILABLE FOR ITS USE. THESE ASSETS MAY BE DISBURSED ONLY ON THE INSTRUCTIONS OF THE ORGANIZATION OR INDIVIDUAL FROM WHOM THEY ARE RECEIVED. FUNDS IN THE AMOUNT OF \$518,048 INCLUDE FUNDS HELD IN TRUST FOR RESIDENTS, DEPOSITS AND PERSONAL FUNDS. THESE ASSETS ARE RECORDED AT FAIR VALUE AS OF DECEMBER 31, 2012. LSSM ALSO HOLDS \$2,150,135 IN TRUST FOR RESIDENTS' ENTRY FEE DEPOSITS WITH MAPLE CREEK SENIOR LIVING, LLC. (SEE RELATED PARTY NOTE ON SCHEDULE O).
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	PARTNERSHIP REVENUE - \$1,244,198 INTEREST RATE SWAP - \$14,102 ADRIAN VILLAGE - \$1 DANISH VILLAGE - \$-52
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	PARTNERSHIP EXPENSES - \$1,515,567

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
(1) DEFERRED COMP INVESTMENTS	577,640
(2) FUNDS HELD IN TRUST-RESIDENTS	518,048
(3) INSURANCE RESERVE	45,302
(4) DEFERRED ANNUITY	522,785
(5) SYNDICATION COSTS	1,234,700
(6) REPAIR ESCROW	59,850
(7) MORTGAGE ESCROW	46,887
(8) EMPLOYEE BENEFITS	508,090
(9) MISCELLANEOUS	4,414
(10) OTHER RESERVES	1,268,641
(11) DEFERRED FINANCING FEES (NET)	165,679
(12) TAX CREDIT FEE	55,630
(13) FUND HELD IN TRUST-MAPLE CREEK	2,150,135

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Lutheran Social Services of Michigan

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

2012

Open to Public
Inspection

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. Part II can be duplicated 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.
Part III can be duplicated 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	2364	12,066,063		fmv	

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
GRANTS TO INDIVIDUALS DETAIL	SCHEDULE I, PART I, QUESTION 2	The total assistance to individuals of \$12,066,063 is as broken down as follows \$5,312,377 - Board and Care for Foster Children - Payments made to foster parents based on daily rates specified by the Michigan Department of Human Resources (DHS) \$3,007,806 - Special Needs for Foster Children - Includes \$2,307,972 of education and training vouchers (ETV) all of which are approved by the State, and actual costs of \$562,820 for Refugee Child and Family that are reimbursed by DHS or Lutheran Immigration and Refugee Services \$3,466,736 - Special Needs for Refugees - The Refugee program monitors the data and reconciles and reports the spending for billing by individual case The information is reconciled each month to the financial reports which are tied to the billings \$187,118 - Clothing for Foster Children, payments made to foster parents based on per child amounts specified by DHS \$23,700 - Christmas Gifts for Foster Children \$4,799 - Clothing for Developmentally Disabled \$63,496 - Other

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

2012

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 appropriate 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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	☒ 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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARK STUTRUD - LSSM PRESIDENT	(i)	281,000	44,590	0	106,250	13,966	445,806	0
	(ii)	0	0	0	0	0	0	0
(2)RICHARD MARTIN - LSSM VP/ADVANCEMENT	(i)	152,218	0	0	3,800	10,664	166,682	0
	(ii)	0	0	0	0	0	0	0
(3)JERRY BENJAMIN - LSSM VP/CFO	(i)	200,879	15,000	0	22,388	12,087	250,354	0
	(ii)	0	0	0	0	0	0	0
(4)VICKIE THOMPSON-SANDY - LSSM CHIEF SERVICE OFFICE	(i)	151,411	0	0	3,782	298	155,491	0
	(ii)	0	0	0	0	0	0	0
(5)WENDY PERRY - LSSM BUDGET DIRECTOR	(i)	142,876	0	0	3,337	5,358	151,571	0
	(ii)	0	0	0	0	0	0	0
(6)SUSAN HOUSEMAN - LSSM VP SENIOR ADULT SERVICES	(i)	151,878	0	0	3,791	6,851	162,520	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE J ADDITIONAL INFORMATION	SCHEDULE J, PART I	LOUIS PRUES, DIRECTOR OF BUSINESS DEVELOPMENT SHOWN IN PART VII, 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. LSSM INSTITUTED A VARIABLE COMPENSATION PLAN IN 2012 IN WHICH KEY EMPLOYEES COULD EARN ADDITIONAL COMPENSATION BASED ON PERFORMANCE AGAINST FIVE PILLARS - FINANCE, PEOPLE, QUALITY, SERVICE AND INNOVATION. TIER I EMPLOYEES (ESSENTIALLY VPS) CAN EARN UP TO 15% OF THEIR BASE PAY BASED ON PERFORMANCE AGAINST OBJECTIVE TARGETS. TIER II EMPLOYEES (ESSENTIALLY DIRECTOR LEVEL) CAN EARN UP TO 10% BASED ON PERFORMANCE AGAINST OBJECTIVE TARGETS.
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) INSTITUTIONAL PENSION PLAN. AN EMPLOYEE MUST BE 18 YEARS OF AGE AND HAVE WORKED FOR LSSM OR H-LINE FOR ONE YEAR TO BE ELIGIBLE TO PARTICIPATE IN THE PLAN. EMPLOYER CONTRIBUTIONS FOR THE YEAR ENDED DECEMBER 31, 2012 WERE \$890,680 FOR ALL ELIGIBLE EMPLOYEES. 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 PROVISIONS 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 \$598,723 AT DECEMBER 31, 2012. 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 THE EXPENSE INCURRED AS CREDITED SERVICE IS EARNED. EXPENSE OF \$100,000 WAS RECOGNIZED IN 2012. LSSM ESTABLISHED A SECTION 457(b) PLAN IN 2011 AND RECOGNIZED EXPENSE OF \$17,500 IN 2012.

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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			8,010,000	2,890,000		
2	Amount of bonds legally 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 escrows			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	
				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
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X

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 of bond-financed property?		X		X				
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?		X		X				
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 00000%		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	0 00000%		%		%		%	
6	Total of lines 4 and 5	0 00000%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X			X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X					
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b	Name of provider	MORGAN STANLEY		MORGAN STANLEY					
c	Term of hedge	10		23 58					
d	Was the hedge superintegrated?		X	X					
e	Was a hedge terminated?		X		X				

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?		X		X				

Part VI

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

Identifier	Return Reference	Explanation
PROCEDURES TO MONITOR 148 REQUIREMENTS	0	LSSM IS REQUIRED TO PERIODICALLY MONITOR THE REQUIREMENTS OF SECTION 148 AND MAINTAIN COMPLIANCE OR CURE VIOLATIONS IN ACCORDANCE WITH THE NON-ARBITRAGE AND TAX COMPLIANCE CERTIFICATE AND RELATED MEMORANDUM PROJECT FUNDS HAVE BEEN FULLY DEPLOYED FOR THE PERMITTED INTENDED USES, AND NO LONGER REQUIRE PERIODIC REVIEW FOR COMPLIANCE
FORM 8038-T, EXCEPTION TO REBATE	0	FORM 8038-T WAS NOT ISSUED AS SPENDING OF THE BOND PROCEEDS COMPLIED WITH THE TWO-YEAR SPENDING EXCEPTION UNDER THE ARBITRAGE REBATE REQUIREMENTS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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		16,208	THRIFT SHOP
6 Cars and other vehicles	X	4	3,533	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	20,232	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				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		42,271	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

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?

30a

Yes

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

2012

Open to Public Inspection

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.

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., (D/B/A HEARTLINE) IS A WHOLLY OWNED, NOT-FOR-PROFIT SUBSIDIARY OF LSSM THAT PROVIDES TRANSITIONAL SERVICES FOR WOMEN EXITING THE CRIMINAL JUSTICE SYSTEM. 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, 2012, ENTRY FEE DEPOSITS TOTALED \$2,150,135 AND WERE PARTIALLY OFFSET BY A LIABILITY OF \$2,038,156. 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. THE BALANCE OF THE MORTGAGE NOTE AT DECEMBER 31, 2012 WAS \$7,308,450. LSSM CONTINUES TO DO BUSINESS AS THE LAKEVIEW 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. IN 2012 LSSM TRANSFERRED ITS IN-HOME CARE ACTIVITY TO LUTHERAN IN-HOME CARE, WHICH INCREASED ITS NET ASSETS BY \$582,995. DANISH VILLAGE GP, LLC IS THE WHOLLY OWNED GENERAL PARTNER OF DANISH VILLAGE LDHA, WHICH PROVIDES HOUSING FOR SENIORS AND DISABLED 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. ADRIAN VILLAGE GP, LLC IS THE WHOLLY-OWNED GENERAL PARTNER OF ADRIAN VILLAGE LDHA, WHICH PROVIDES HOUSING FOR SENIORS AND FAMILIES IN ADRIAN, MICHIGAN. THIS PARTNERSHIP WAS FORMED IN 2012 AND PURCHASED AN ESTABLISHED HOUSING FACILITY FROM LUTHERAN HOUSING CORPORATION - ADRIAN, AN AFFILIATE OF LSSM, FOR \$2,600,000. DURING 2013, THE PARTNERSHIP WILL REHABILITATE THIS HOUSING FACILITY AT A PROJECTED COST OF \$5,236,380. HOPE DEVELOPMENT SOLUTIONS, LLC, A WHOLLY-OWNED LLC OF LSSM, WAS FORMED IN 2006 TO PROVIDE MANAGEMENT SERVICES FOR THE REHABILITATION OF THE PARTNERSHIPS' HOUSING FACILITIES. 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 2012 EQUITY INTEREST IN LAS WAS \$80,568. IN 2012 LSSM ACQUIRED A 50% MEMBERSHIP INTEREST IN CHRISTIAN HOME HEALTH CARE (CHHC), A NOT-FOR-PROFIT CORPORATION PROVIDING MEDICARE-CERTIFIED HOME HEALTH CARE. LSSM USES THE EQUITY METHOD TO RECORD ITS EQUITY INTEREST IN CHHC.

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11B	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 VILLAGE), 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 \$152,017 AND LSSM PROVIDES MANAGEMENT SERVICES TO THESE FACILITIES FOR WHICH IT RECOGNIZED MANAGEMENT SERVICE REVENUE OF \$570,284

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 SENIORS AND DISABLED 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 ADRIAN VILLAGE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP (THE ASSOCIATION) WAS FORMED AS A LIMITED PARTNERSHIP IN 2012 FOR THE PURPOSE OF CONSTRUCTING, OWNING, OPERATING, AND MANAGING HOUSING FACILITIES IN ADRIAN, MICHIGAN FOR SENIORS AND FAMILIES THE PROJECT IS A 113-UNIT APARTMENT COMPLEX THE ASSOCIATION HAS ONE GENERAL PARTNER - ADRIAN VILLAGE GP, LLC AND TWO LIMITED PARTNERS - GL-ADRIAN VILLAGE APARTMENTS ADRIAN, LLC AND GREAT LAKES CAPITAL FUND MICHIGAN COMMUNITY LIMITED PARTNERSHIP XX-2

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 AND ADRIAN 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 PARTNERS AND 0.01% TO THE GENERAL PARTNER, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA 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 \$10,789,124 TOTAL LIABILITIES \$9,142,303 TOTAL NET ASSETS \$1,646,821. ADRIAN VILLAGE GP, LLC IS THE GENERAL PARTNER OF ADRIAN VILLAGE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP (ADRIAN VILLAGE LDHA) WHILE ALLOCATION OF THE PROFITS AND LOSSES ARE ALLOCATED 99.99% TO THE LIMITED PARTNERS AND 0.01% TO THE GENERAL PARTNER, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA 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. TOTAL ASSETS \$3,602,462 TOTAL LIABILITIES \$2,425,563 TOTAL NET ASSETS \$1,176,899.

Identifier	Return Reference	Explanation
AFFILIATED ORGANIZATIONS INCLUDED	FORM 990, LINE H(B)	LSSM FOUNDATION 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-3201490 LUTHERAN IN-HOME CARE 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-2726270 H-LINE INC 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-2726270 LAKEVIEW CADILLAC HOLDINGS, LLC 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-2726270 MAPLE CREEK SENIOR LIVING, LLC 8131 E. JEFFERSON AVE. DETROIT, MI 48214 38-2726270

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	990, PART XI, LINE 5	PARTNERSHIP REVENUE - 1,244,198 PARTNERSHIP EXPENSES - (1,515,567) MINORITY INTEREST IN PARTNERSHIP (INCOME) - 529,031 NET LOSS FROM AFFILIATE'S OPERATIONS - 311,951 TRANSFER OF NET ASSETS - 1,476,167

Identifier	Return Reference	Explanation
SIGNIFICANT PROGRAM SERVICES	990, PART III, QUESTION 2	ON APRIL 30, 2012, LSSM EXPANDED ITS IN-HOME SERVICE OFFERING THROUGH THE ACQUISITION OF A 50% MEMBERSHIP INTEREST IN CHRISTIAN HOME HEALTH CARE (CHHC), A NOT-FOR-PROFIT CORPORATION PROVIDING MEDICARE-CERTIFIED HEALTH CARE SUCH AS SKILLED NURSING, PHYSICAL THERAPY, ETC IN THE CONSUMERS' HOME

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	LSSM 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 provider for job development and placement, English language training and citizenship services. In 2012, we supported the resettlement of 1,801 refugees. In addition, 1,011 refugees received employment assistance, and 709 youth were enrolled in our school program. After resettlement, the focus is to achieve self-sufficiency. LSSM owns and operates a community center in Saginaw - Neighborhood House. In 2012, Neighborhood House served 33,327 meals to 630 individuals, both at the community center and to home-bound senior community members. In addition, the center provided tutoring and after school recreation to 147 youth. LSSM maintains a 33-person residential center in Detroit that provides transitional services for women exiting the criminal justice system - Heartline. Heartline served 120 women in 2012. Of those women, 82% completed the program successfully. LSSM operates the Wayne County Family Center in Westland, Michigan's largest homeless shelter for families (parents with children and pregnant single women), housing up to 108 persons in 24 rooms, and offering an onsite licensed child care center. In 2012, the Wayne County Family Center provided 143 families with temporary housing, and provided information and referral services to an additional 1,670 families. LSSM manages 16 affordable housing communities, rental assistance is provided by the Department of Housing and Urban Development (HUD) based on income eligibility. Thirteen of these housing communities, located throughout the state, serve senior adults living independently, two serve families, and are located in Monroe and Adrian, and one, located in Lansing, serves physically disabled persons capable of living independently with or without a live-in-aide. In 2012, we served 1,069 residents in 891 households. Our properties continue to perform high on all HUD reviews, achieving an average score of 94%, demonstrating our commitment to high standards of maintenance and service. LSSM continues to develop its Home Care offering, our goal is to provide supports that enable consumers to attain and maintain their independence. We provide support for activities of daily living, home health and some behavioral health serving seniors, persons/children with disabilities and/or mental illness, and persons convalescing from an illness or surgery. In April of 2012, LSSM acquired a 50% membership interest in Christian Home Health Care, allowing us to offer Medicare-certified home health services such as skilled nursing, physical therapy, etc. In 2012, we served 588 consumers providing 299,610 hours of home care.

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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		215,355	NA
(2) DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSIS	MI			NA
(3) MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSIS	MI	-715,250	19,724,505	NA
(4) LAKEVIEW CADILLAC HOLDINGS LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOLDING CO	MI			NA
(5) ADRIAN VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 46-0876659	HOUSING ASSIS	MI			NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproporionate 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	
(1) DANISH VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 20-2660328	LOW-INCOME HO	MI	NA	RELATED	-52	-533		No	0	Yes		0 010 %
(2) ADRIAN VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 45-4532834	LOW-INCOME HO	MI	N/A	RELATED	1	-2		No	0	Yes		0 010 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization 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 or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l Yes

1m No

1n Yes

1o Yes

1p No

1q No

1r Yes

1s 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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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.

[illegible]

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 38-1360553

Name: Lutheran Social Services of Michigan

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 (list any hours for related organizations below dotted line)	(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			
EMMETT BRASELTON JR - LSSM CHAIR	10	X		X						
KATHLEEN LIEDER - LSSM VICE CHAIR	10	X		X						
BRUCE PARSONS - LSSM DIRECTOR	10	X								
DAVID RIPPLE - LSSM DIRECTOR	10	X								
WILLIAM PAPKE - LSSM DIRECTOR	10	X								
DAVID GABEL - LSSM DIRECTOR	10	X								
MARK STANKO - LSSM DIRECTOR	10	X								
BISHOP JOHN SCHLEICHER - LSSM DIRECTOR	10	X								
SCOTT SESSLER - LSSM DIRECTOR	10	X								
TODD PERKINS - LSSM DIRECTOR	10	X								
MICHELLE GAGGINI - LSSM SECRETARY	10	X		X						
SUE KAMENS - LSSM DIRECTOR	10	X								
MICHAEL KNEALE - LSSM DIRECTOR	10	X								
MATTHEW PEDERSON - LSSM DIRECTOR	10	X								
PAUL DRENKOW - LSSM FOUNDATION CHAIR	10	X		X						
VERLYN REBELEIN - LSSM FOUNDATION VICE CHAIR	10	X		X						
REV TERRY DALY - LSSM FOUNDATION DIRECTOR	10	X								
KARL GEISLER - LSSM FOUNDATION DIRECTOR	10	X								
PAT THOMAS - LSSM FOUNDATION DIRECTOR	10	X								
DAVID NUSSDORFER - LSSM FOUNDATION TREASURER	10	X		X						
JERALD BENJAMIN - HEARTLINE TREASURER	10	X								
VICKIE THOMPSON-SANDY - HEARTLINE SECRETARY	10	X								
MARK STUTRUD - HEARTLINE PRESIDENT	10	X		X						
REV WILLIAM MOLDWIN - LSSM FOUNDAT DIRECTOR	10	X								
BISHOP DONALD KREISS-LSSM DIRECTOR	10	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 (list any hours for related organizations below dotted line)	(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			
MARK STUTRUD - LSSM PRESIDENT	40 0			X				325,590	0	120,216
JOHN NELSON - LSSM TREASURER	1 0			X						
RICHARD MARTIN - LSSM VP/ADVANCEMENT	40 0				X			152,218	0	14,464
JERRY BENJAMIN - LSSM VP/CFO	40 0				X			215,879	0	34,475
VICKIE THOMPSON-SANDY - LSSM CHIEF SERVICE OFFICE	40 0				X			151,411	0	4,080
WENDY PERRY - LSSM BUDGET DIRECTOR	40 0				X			142,876	0	8,695
SUSAN HOUSEMAN - LSSM VP SENIOR ADULT SERVICES	40 0				X			151,878	0	10,642
LOUIS PRUES - LSSM DIR OF BUSINESS DEVELOPMENT	40 0					X		108,497	0	18,128
MELANIE FLACHS - LSSM DIRECTOR OF QUALITY	40 0					X		115,640	0	14,819
KEN ULRICH - LSSM VP HUMAN RESOURCE DEVELOPMENT	40 0					X		71,030	0	1,904
SEAN DE FOUR - LSSM VP CHILDREN & FAMILY SERVICES	40 0					X		13,900	0	971
CYNTHIA HABERMAN VP OF COMMUNITY SERVICE	40 0					X		114,736		11,304
KRISTIE MCKENZIE VP OF HRD	40 0					X		92,283		5,930