

Lutheran Social Services of ND
Return of Organization Exempt from Income Tax Form
Public Disclosure Copy For 990
June 30, 2012

Form **990**

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)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	LUTHERAN SOCIAL SERVICES OF ND		45-0226421	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
4720 7TH AVE S PO BOX 389		(701) 235-7341		
City or town, state or country, and ZIP + 4		G Gross receipts \$		
FARGO, ND 58107		16,471,473.		
F Name and address of principal officer: ROBERT SANDERSON		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: WWW.LSSND.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1936		
		M State of legal domicile: ND		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA OPERATES PROGRAMS TO HELP PEOPLE ACROSS THE ENTIRE	
	2 Check this box <input type="checkbox"/> 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)	3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 479
	6 Total number of volunteers (estimate if necessary)	6 6236
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	10,337,596.
9 Program service revenue (Part VIII, line 2g)	3,241,180.	4,113,701.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,114.	184,104.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,525.	31,904.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,736,415.	16,307,729.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,735,051.	2,241,009.	
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)	7,494,927.	9,013,503.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	289,845.	287,877.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 876,886.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,105,277.	3,407,999.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,625,100.	14,950,388.	
19 Revenue less expenses. Subtract line 18 from line 12	1,111,315.	1,357,341.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,922,075.	End of Year 13,424,431.
	21 Total liabilities (Part X, line 26)	1,482,488.	1,716,959.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,439,587.	11,707,472.

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	▶ Signature of officer		Date		
	▶ JOAN PENNER, CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LISA CHAFFEE, CPA	LISA CHAFFEE, CPA	11/06/12		P00193453
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958			
Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 58108-2545			Phone no. 701-239-8500		

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 [X]

1 Briefly describe the organization's mission:
GUIDED BY GOD'S LOVE AND GRACE, LUTHERAN SOCIAL SERVICES OF ND BRINGS HEALING, HELP AND HOPE.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,081,004. including grants of \$ 2,241,009.) (Revenue \$ 4,113,701.)
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA PROVIDED THE FOLLOWING SERVICES IN FISCAL YEAR 2012:

EARLY CHILDHOOD AND YOUTH PROGRAMS
LUTHERAN SOCIAL SERVICES HELPS CHILDREN AND YOUTH GET THE CARE, MENTORS AND LEARNING OPPORTUNITIES THEY NEED TO BECOME HEALTHY, PRODUCTIVE ADULTS.

(SEE CONTINUATION ON SCHEDULE O.)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,081,004.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>	X	
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>		X
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 40		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 479		
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)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
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)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
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?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
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		
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	X
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 line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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: JOAN PENNER - 701-271-3208 4720 7TH AVE S, STE. B, FARGO, ND 58103

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, and 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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK STRAND CHAIR OF THE BOARD	1.50	X		X				0.	0.	0.
DAVID WALTH VICE CHAIR	1.50	X		X				0.	0.	0.
LYNDA BERTSCH SECRETARY	1.50	X		X				0.	0.	0.
MELANIE STILLWELL TREASURER	1.50	X		X				0.	0.	0.
ROGER MONSON BOARD MEMBER	1.50	X						0.	0.	0.
REV. SHARON BAKER BOARD MEMBER	1.50	X						0.	0.	0.
RICHARD HALL BOARD MEMBER	1.50	X						0.	0.	0.
JIM MELLAND BOARD MEMBER	1.50	X						0.	0.	0.
HAROLD OVRE BOARD MEMBER	1.50	X						0.	0.	0.
BISHOP WILLIAM E. RINDY BOARD MEMBER	1.50	X						0.	0.	0.
JENNIFER SCHAEFFER BOARD MEMBER	1.50	X						0.	0.	0.
CINDY ANDERSON BOARD MEMBER	1.50	X						0.	0.	0.
BISHOP MARK NARUM BOARD MEMBER	1.50	X						0.	0.	0.
REV. PATRICK O'BRIEN BOARD MEMBER	1.50	X						0.	0.	0.
ROBERT SANDERSON CEO	40.00			X				109,732.	0.	11,166.
JOAN PENNER CFO	40.00			X				71,905.	0.	10,942.
JANELL REGIMBAL SR. VICE PRESIDENT/YOUTH	40.00			X				79,036.	0.	12,077.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL REIERSON VICE PRESIDENT/HUMAN RESOU	40.00			X				64,276.	0.	14,194.
MARY WEILER VICE PRESIDENT/COMMUNITY	40.00			X				71,514.	0.	9,480.
1b Sub-total								396,463.	0.	57,859.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								396,463.	0.	57,859.

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 1

	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>		X
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>		X
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>		X

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
ROERS DEVELOPMENT, INC. 200 45TH STREET SOUTH, FARGO, ND 58103	CONSTRUCTION	442,220.
RUSS REID CO., 14384 COLLECTIONS DRIVE CENTER, CHICAGO, IL 60693	MARKETING	252,994.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 284,146.					
	b Membership dues	1b					
	c Fundraising events	1c 32,700.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 8,403,923.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,257,251.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		11978020.				
	Program Service Revenue	2 a CLIENT & PROGRAM INC.	Business Code 624100	3,731,617.	3,731,617.		
b MISCELLANEOUS		900099	382,084.	382,084.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4,113,701.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		123,147.			123,147.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	14,382.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	14,382.				
	d Net rental income or (loss)		14,382.			14,382.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	213,231.				
		(ii) Other	1,300.				
		b Less: cost or other basis and sales expenses	153,574.	0.			
		c Gain or (loss)	59,657.	1,300.			
	d Net gain or (loss)		60,957.			60,957.	
	8 a Gross income from fundraising events (not including \$ 32,700. of contributions reported on line 1c). See Part IV, line 18	a	27,692.				
		b Less: direct expenses	10,170.				
c Net income or (loss) from fundraising events			17,522.			17,522.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			16307729.	4,113,701.	0.	216,008.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	405,603.	405,603.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,835,406.	1,835,406.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	465,385.	37,466.	425,106.	2,813.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,736,124.	6,125,420.	314,023.	296,681.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	223,992.	207,589.	6,363.	10,040.
9 Other employee benefits	762,718.	666,788.	62,526.	33,404.
10 Payroll taxes	825,284.	739,359.	58,793.	27,132.
11 Fees for services (non-employees):				
a Management				
b Legal	6,751.		6,751.	
c Accounting	22,200.		22,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	287,877.			287,877.
f Investment management fees	12,554.		12,554.	
g Other	428,463.	339,165.	43,131.	46,167.
12 Advertising and promotion	32,657.	28,860.	728.	3,069.
13 Office expenses	1,244,670.	1,092,283.	65,644.	86,743.
14 Information technology	-11,215.	244,681.	-271,569.	15,673.
15 Royalties				
16 Occupancy	344,095.	261,569.	59,236.	23,290.
17 Travel	715,555.	651,490.	39,716.	24,349.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	124,358.	101,026.	22,383.	949.
20 Interest	6,588.	6,588.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	298,089.	190,471.	99,392.	8,226.
23 Insurance	36,690.	36,690.		
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 EVENT EXPENSE	64,231.	63,959.	272.	
b DUES & PUBLICATIONS	59,041.	50,601.	5,397.	3,043.
c BAD DEBTS	17,402.	8,779.	1,958.	6,665.
d				
e All other expenses	5,870.	-12,789.	17,894.	765.
25 Total functional expenses. Add lines 1 through 24e	14,950,388.	13,081,004.	992,498.	876,886.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	619,404.	2	343,104.	
	3 Pledges and grants receivable, net	1,971,461.	3	2,297,655.	
	4 Accounts receivable, net	393,863.	4	596,943.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net	478,000.	7	478,000.	
	8 Inventories for sale or use	132,243.	8	129,826.	
	9 Prepaid expenses and deferred charges	48,690.	9	754.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,100,355.			
	b Less: accumulated depreciation	10b 3,284,965.			
	11 Investments - publicly traded securities	3,499,053.	10c	3,815,390.	
	12 Investments - other securities. See Part IV, line 11	3,912,565.	11	3,869,205.	
	13 Investments - program-related. See Part IV, line 11	38,465.	12	41,916.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	828,331.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,922,075.	15	1,851,638.		
		16	13,424,431.		
Liabilities	17 Accounts payable and accrued expenses	993,695.	17	1,434,483.	
	18 Grants payable		18		
	19 Deferred revenue	365,288.	19	182,537.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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	123,505.	25	99,939.	
	26 Total liabilities. Add lines 17 through 25	1,482,488.	26	1,716,959.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,153,582.	27	8,419,771.	
	28 Temporarily restricted net assets	2,286,005.	28	3,287,701.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	10,439,587.	33	11,707,472.	
34 Total liabilities and net assets/fund balances	11,922,075.	34	13,424,431.		

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	16,307,729.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,950,388.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,357,341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,439,587.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-89,456.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,707,472.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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.		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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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 - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6095399.	8029511.	8070371.	10337596.	11978020.	44510897.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6095399.	8029511.	8070371.	10337596.	11978020.	44510897.
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)						
6 Public support. Subtract line 5 from line 4.						44510897.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6095399.	8029511.	8070371.	10337596.	11978020.	44510897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171,958.	166,678.	126,054.	132,459.	137,529.	734,678.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						45245575.
12 Gross receipts from related activities, etc. (see instructions)					12	16,115,046.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.38	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.02	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

LUTHERAN SOCIAL SERVICES OF ND

45-0226421

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>324,059.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>308,718.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>552,843.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>531,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>3,590,692.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>457,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 262,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 1,904,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization	Employer identification number
LUTHERAN SOCIAL SERVICES OF ND	45-0226421

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF ND

Employer identification number

45-0226421

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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

▶ \$ _____

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,230,965.	1,964,866.	1,794,522.	1,798,676.	
b Contributions	4,780.	4,780.	24,781.	261,120.	
c Net investment earnings, gains, and losses	161,030.	324,728.	208,625.	-201,617.	
d Grants or scholarships					
e Other expenditures for facilities and programs	71,030.	63,409.	55,398.	56,693.	
f Administrative expenses			7,664.	6,964.	
g End of year balance	2,325,745.	2,230,965.	1,964,866.	1,794,522.	

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,246,665.		1,246,665.
b Buildings		3,410,557.	1,413,940.	1,996,617.
c Leasehold improvements				
d Equipment		2,443,133.	1,871,025.	572,108.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,815,390.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	15,748.
(2) DUE FROM LSS HOUSING, INC.	1,835,890.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,851,638.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPECIAL ASSESSMENTS PAYABLE	83,947.
(3) ANNUITY PAYABLE	15,992.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	99,939.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,307,729.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,950,388.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,357,341.
4	Net unrealized gains (losses) on investments	4	-89,456.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-89,456.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,267,885.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,821,540.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-89,456.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-405,603.
e	Add lines 2a through 2d	2e	-495,059.
3	Subtract line 2e from line 1	3	16,316,599.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-8,870.
c	Add lines 4a and 4b	4c	-8,870.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,307,729.

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

1	Total expenses and losses per audited financial statements	1	14,553,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	8,870.
e	Add lines 2a through 2d	2e	8,870.
3	Subtract line 2e from line 1	3	14,544,785.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	405,603.
c	Add lines 4a and 4b	4c	405,603.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,950,388.

Part XIV Supplemental Information

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

PART V, LINE 4: INCOME IS TRANSFERRED TO OPERATIONS TO BE USED TO RUN

THE AGENCY.

PART X, LINE 2: LSS OF ND IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, LSS OF ND IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSE. LSS OF ND HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS

Part XIV Supplemental Information (continued)

NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T)
WITH THE IRS.

LSS OF ND BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN
AFFECTING ITS ANNUAL FILING REQUIREMENTS AND AS SUCH, DOES NOT HAVE ANY
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. LSS
OF ND WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO
UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH
PENALTIES AND INTEREST ARE INCURRED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GRANT EXPENSE REPORTED IN REVENUE ON FINANCIAL STATEMENTS	-405,603.
---	-----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE REPORTED IN EXPENSES ON FINANCIAL STATEMENTS	-10,170.
REALIZED GAIN INCLUDED IN EXPENSES ON FINANCIAL STATEMENTS	1,300.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-8,870.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

REALIZED GAIN REPORTED IN EXPENSES ON FINANCIAL STATEMENTS	-1,300.
SPECIAL EVENTS EXPENSE REPORTED IN REVENUE ON FORM 990	10,170.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	8,870.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE REPORTED IN REVENUE ON FINANCIAL STATEMENTS	405,603.
---	----------

PART XI, XII, AND XIII:

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHEF ' S GALA		NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	60,392.			60,392.
	2 Less: Charitable contributions	32,700.			32,700.
	3 Gross income (line 1 minus line 2)	27,692.			27,692.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,700.			1,700.
	7 Food and beverages				
	8 Entertainment	600.			600.
	9 Other direct expenses	7,870.			7,870.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(10,170)
	11 Net income summary. Combine line 3, column (d), and line 10				17,522.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUSS REID CO.

(I) ADDRESS OF FUNDRAISER:

14384 COLLECTIONS DRIVE CENTER, CHICAGO, IL 60693

(I) NAME OF FUNDRAISER: MEYER PARTNERS LLC

(I) ADDRESS OF FUNDRAISER:

1701 EAST WOODFIELD RD, STE 425, SCHAUMBURG, IL 60173

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

LUTHERAN SOCIAL SERVICES OF ND

**Employer identification number
45-0226421**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY HEALTHCARE CENTER 306 4TH ST S FARGO, ND 58103	45-0430628	501(C)(3)	63,268.	0.			TO PROVIDE REFUGEE SOCIAL SERVICES SUCH AS INTERPRETERS AND PREVENTIVE HEALTH
FARGO CASS PUBLIC HEALTH 401 3RD AVE N FARGO, ND 58102	45-6002069	FARGO CASS PUB. HLTH	52,667.	0.			TO PROVIDE PREVENTIVE HEALTH SERVICES SUCH AS HEALTH TRAINING
FARGO PUBLIC SCHOOLS - FARGO ADULT LEARNING CENTER - 415 N 4TH ST - FARGO, ND 58102	45-6000294	FARGO PUBLIC SCHOOLS	48,248.	0.			TO PROVIDE REFUGEE SOCIAL SERVICES AND TARGETED ASSISTANCE SUCH AS ENGLISH LANGUAGE TRAINING
GLOBAL FRIENDS COALITION 305 S 4TH ST GRAND FORKS, ND 58201	26-3217384	501(C)(3)	9,000.	0.			TO PROVIDE REFUGEE SOCIAL SERVICES SUCH AS ENGLISH LANGUAGE TRAINING
GRAND FORKS PUBLIC HEALTH DEPARTMENT - 151 SOUTH 4TH STREET, SUITE N301 - GRAND FORKS, ND 58201	45-6002085	G.F. PUB. HLTH DEPT	29,722.	0.			TO PROVIDE REFUGEE SOCIAL SERVICES SUCH AS INTERPRETERS AND PREVENTIVE HEALTH
GRAND FORKS PUBLIC SCHOOLS-ADULT LEARNING CENTER - PO BOX 6000 - GRAND FORKS, ND 58206-6000	45-6000607	G.F. PUBLIC SCHOOLS	11,817.	0.			TO PROVIDE REFUGEE SOCIAL SERVICES SUCH AS ENGLISH LANGUAGE TRAINING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THE NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION - 600 E BOULEVARD AVE - BISMARCK, ND 58505	45-6002426	ND DEPT OF PUB.	172,253.	0.			TO PROVIDE REFUGEE SCHOOL IMPACT SERVICES SUCH AS THE ENGLISH LANGUAGE LEARNERS PROGRAM
NORTH DAKOTA STATE COLLEGE OF SCIENCE/SKILLS DEVELOPMENT PROJECT - 1305 19TH AVE N - FARGO, ND 58102	45-6002451	ND STATE COLLEGE	18,628.	0.			TO PROVIDE REFUGEE SOCIAL SERVICES AND TARGETED ASSISTANCE SUCH AS ENGLISH LANGUAGE TRAINING

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
CASE RELIEF, EMERGENCY SERVICES, CASH ASSISTANCE, CLOTHING, HOUSING EXPENSES, FOOD, EMPLOYMENT ASSISTANCE, AND OTHER PROGRAM EXPENSES FOR REFUGEES	610	1,244,308.	0.		
TRAVEL, INSURANCE, BOARDING CARE, RECOGNITION, MEDICAL, ALLOWANCES, AND GIFT ASSISTANCE FOR SENIOR COMPANION PARTICIPANTS	117	285,141.	0.		
CASE RELIEF, EXTENDED SERVICES, IMMIGRATION EXPENSE, PROGRAM, AND VOLUNTEER EXPENSES	190	181,979.	0.		
FOOD, CLOTHING, EQUIPMENT, BUILDING SUPPLIES, PERSONAL SUPPLIES, TRAVEL, AND EDUCATION ASSISTANCE	285	123,976.	0.		

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

SCHEDULE I, PART I, LINE 2: ASSISTANCE IS PROVIDED TO NEEDY INDIVIDUALS

DETERMINED ON A CASE BY CASE BASIS. THE INDIVIDUALS MUST INDICATE WHAT THE

ASSISTANCE WILL BE USED FOR PRIOR TO RECEIVING ASSISTANCE.

THE NEW AMERICANS PROGRAM DIRECTOR AND STATE REFUGEE COORDINATOR ROUTINELY

MEET WITH THE ORGANIZATIONS RECEIVING GRANT FUNDS. THEY MONITOR THEIR

BUDGETS AND COMPARE THE ORGANIZATIONS' ACTIVITY REPORTS WITH THE ACTIVITIES

DEFINED IN THE CONTRACTS.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTHCARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REFUGEE SOCIAL SERVICES SUCH AS INTERPRETERS AND PREVENTIVE HEALTH SERVICES SUCH AS NURSE CASE MANAGEMENT AND HEALTH SREENINGS

NAME OF ORGANIZATION OR GOVERNMENT: GRAND FORKS PUBLIC HEALTH DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REFUGEE SOCIAL SERVICES SUCH AS INTERPRETERS AND PREVENTIVE HEALTH SERVICES SUCH AS IMMUNIZATION FOLLOW UP AND HEALTH TRAINING

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH DAKOTA STATE COLLEGE OF SCIENCE/SKILLS DEVELOPMENT PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REFUGEE SOCIAL SERVICES AND TARGETED ASSISTANCE SUCH AS ENGLISH LANGUAGE TRAINING AND SKILLS TRAINING

SCHEDULE I, PART III, COLUMN (B):

THE PROGRAMS OF LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA KEEP RECORDS OF HOW MANY INDIVIDUALS ARE SERVED BY THEIR PROGRAM.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF ND

Employer identification number

45-0226421

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STATE OF NORTH DAKOTA. THESE PROGRAMS TOUCH PEOPLE OF ALL AGES. THEY
HELP ALLEVIATE HUNGER, MEND BROKEN RELATIONSHIPS, PLACE CHILDREN IN
SAFE ENVIRONMENTS, AID ELDERLY CITIZENS AND ADVOCATE ON BEHALF OF THE
DISENFRANCHISED.

FORM 990, PART III, SECTION B, LINE 4A

****LUTHERAN SOCIAL SERVICES HEALTHY FAMILIES****

LUTHERAN SOCIAL SERVICES HEALTHY FAMILIES IS A PRIMARY PREVENTION HOME
VISITATION PROGRAM, DESIGNED TO WORK WITH OVERBURDENED FAMILIES AT-RISK
FOR ADVERSE CHILDHOOD EXPERIENCES INCLUDING CHILD MALTREATMENT.

SERVICES ARE PROVIDED IN GRAND FORKS, NELSON, BURLEIGH AND MORTON
COUNTIES BEGINNING PRENATAL OR RIGHT AFTER THE BIRTH OF A BABY, AND ARE
OFFERED FREE AND VOLUNTARILY UNTIL THE CHILD TURNS 3 YEARS OF AGE. IT
ENHANCES OVERALL CHILD DEVELOPMENT, SCHOOL READINESS, FAMILY HEALTH AND
SAFETY, BUILDS FAMILY RELATIONSHIPS AND PARENTAL SELF-SUFFICIENCY. 69
FAMILIES IN BURLEIGH AND MORTON COUNTIES AND 101 FAMILIES IN GRAND
FORKS AND NELSON COUNTIES RECEIVED IN-HOME SERVICES THIS YEAR. 98% OF
THE CHILDREN IN THE PROGRAM ARE UP-TO-DATE ON WELL-BABY CHECKS AND 97%
ON IMMUNIZATIONS. 76% OF THE FATHERS ARE INVOLVED IN THE PROGRAM.

****LUTHERAN SOCIAL SERVICES ADOPTION OPTION****

ADOPTION OPTION FACILITATES ADOPTIONS, OFFERS PREGNANCY COUNSELING AND
ASSISTS ADOPTED ADULTS, BIRTH SIBLINGS AND BIRTH PARENTS IN SEARCHES TO
ESTABLISH AGREED UPON CONTACT WITH ONE ANOTHER. 25 CHILDREN WERE
ADOPTED AND PLACED IN LOVING HOMES. 78 WOMEN RECEIVED PREGNANCY

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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COUNSELING. 13 SEARCHES WERE COMPLETED FOR ADOPTED ADULTS, BIRTH SIBLINGS OR BIRTH PARENTS THIS PAST YEAR. 1,274 PEOPLE ATTENDED COMMUNITY EDUCATION AND OUTREACH PRESENTATIONS MADE BY THE ADOPTION OPTION STAFF AT 280 SITES.

****CHILD CARE RESOURCE & REFERRAL****

LUTHERAN SOCIAL SERVICES HELPS CONNECT FAMILIES TO CHILD CARE AND ALSO TRAINS AND SUPPORTS THE 605 LICENSED CHILD CARE PROGRAMS IN WESTERN NORTH DAKOTA THROUGH ITS CHILD CARE RESOURCE AND REFERRAL PROGRAM (CCR&R). THIS YEAR LUTHERAN SOCIAL SERVICES INCREASED THE NUMBER OF CHILD CARE PROGRAMS IN WESTERN NORTH DAKOTA BY HELPING 45 IN-HOME CHILD CARE PROVIDERS AND 2 CHILD CARE CENTERS START NEW CHILD CARE BUSINESSES, HELPING 2,788 FAMILIES FIND LICENSED CHILD CARE IN WESTERN NORTH DAKOTA AND TRAINING 1,698 INDIVIDUALS, WITH 511 PROVIDERS ATTENDING 31 TRAINING EVENTS AND 1,454 PROVIDERS COMPLETING ONLINE TRAINING. EIGHTY-SIX COURSES WERE OFFERED ONLINE WITH A ND ONLINE COURSE COMPLETION TOTAL OF 34,011.

****LUTHERAN SOCIAL SERVICES RESTORATIVE JUSTICE****

LUTHERAN SOCIAL SERVICES RESTORATIVE JUSTICE PROVIDES TRAINED FACILITATORS TO WORK IN A STRUCTURED PROCESS CALLED ACCOUNTABILITY CONFERENCES WITH VICTIMS OF CRIME, JUVENILE AND ADULT OFFENDERS AS WELL AS STUDENTS WHO HAVE CONFLICT WITH ONE ANOTHER IN SCHOOL SETTINGS. OTHER RESTORATIVE SERVICES AIMED AT RESOLVING CONFLICT WHILE ADDRESSING VICTIM NEEDS AND HOLDING OFFENDERS ACCOUNTABLE INCLUDE VICTIM EMPATHY SEMINARS AND COMMUNITY CIRCLES. 632 YOUTH OFFENDERS, 83 ADULT OFFENDERS AND MORE THAN 289 VICTIMS WERE SERVED. ADDITIONALLY 276 STUDENTS PARTICIPATED IN RESTORATIVE PROGRAMMING THROUGH SERVICES OFFERED AT

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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BISMARCK PUBLIC SCHOOLS AND SCHOOLS WITHIN GRAND FORKS COUNTY IN THE SAFER TOMORROW PROJECT.

****LUTHERAN SOCIAL SERVICES YOUTH COURT****

LUTHERAN SOCIAL SERVICES YOUTH COURT IS AN ALTERNATIVE TO FORMAL COURT PROCEEDINGS FOR YOUTH WHO HAVE BEEN CHARGED WITH AN OFFENSE OR ARE SHOWING CONCERNING BEHAVIOR. TEEN VOLUNTEERS SERVE AS JURORS AND COURTROOM PERSONNEL TO DECIDE THE DISPOSITION OF CASES, WHICH USUALLY INVOLVE ACTIONS THE YOUTH MUST TAKE TO REPAIR THE HARM DONE. 95 YOUTH AND THEIR FAMILIES WERE SERVED THROUGH THE YOUTH COURT PROGRAM THIS PAST FISCAL YEAR. 58 VOLUNTEERS GAVE 844 HOURS OF TIME SERVING EITHER AS A YOUTH JUROR, COURTROOM PERSONNEL, PROGRAM INTERN OR ADULT ASSISTANT.

****LUTHERAN SOCIAL SERVICES DAY REPORT****

LUTHERAN SOCIAL SERVICES DAY REPORT IS AN AFTER-SCHOOL PROGRAM THAT PROVIDES SUPERVISION, STRUCTURE AND EDUCATIONAL ASSISTANCE TO TEENS AGES 14 TO 17 WHO HAVE A HISTORY OF DELINQUENT OFFENSES. 26 YOUTH IN DAY REPORT COMPLETED 305 HOURS OF COMMUNITY SERVICE AND RECEIVED 2,233 HOURS OF SUPERVISION AND STRUCTURE.

****LUTHERAN SOCIAL SERVICES TRACKING****

LUTHERAN SOCIAL SERVICES TRACKING PAIRS TROUBLED YOUTH, WHO ARE AT RISK OF BEING PLACED OUTSIDE THEIR HOME, WITH AN ADULT MENTOR. THE TRACKING MENTOR HELPS THE YOUTH DEVELOP MORE POSITIVE BEHAVIOR. 307 YOUTH WERE MENTORED THROUGH THE TRACKING PROGRAM THIS PAST YEAR. 85% OF REFERRAL SOURCES FELT TRACKING WAS EFFECTIVE FOR YOUTH REFERRED.

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****LUTHERAN SOCIAL SERVICES ATTENDANT CARE****

LUTHERAN SOCIAL SERVICES ATTENDANT CARE IS A SHORT-TERM ALTERNATIVE TO JAIL OR A DETENTION CENTER FOR JUVENILES NEEDING SUPERVISION WHILE AWAITING COURT INTERVENTION OR PARENTAL PICK-UP. 305 YOUTH RECEIVED 4,932 HOURS OF SUPERVISION AFTER BEING CHARGED WITH A MINOR OFFENSE.

****MENTAL HEALTH PROGRAMS****

THE MENTAL HEALTH PROGRAMS OF LUTHERAN SOCIAL SERVICES PROVIDE INDIVIDUALS AND THEIR FAMILIES WITH THE GUIDANCE THEY NEED FOR HEALING AND THE HOPE THEY NEED TO OVERCOME.

****LUTHERAN SOCIAL SERVICES LUTHER HALL****

LUTHERAN SOCIAL SERVICES LUTHER HALL SERVES CHILDREN AND ADOLESCENTS BETWEEN THE AGES OF 10 AND 18 WHO HAVE BEEN DIAGNOSED WITH A PSYCHIATRIC DISORDER AND NEED 24-HOUR CARE AND TREATMENT. QUALIFIED MENTAL HEALTH PROFESSIONALS PROVIDE RESIDENTS WITH AN INDIVIDUALIZED PLAN TO MEET THEIR SPECIFIC NEEDS. ASSESSMENT, RESIDENTIAL LIVING, EDUCATION, THERAPY AND PSYCHOLOGICAL OR PSYCHIATRIC SERVICES ARE PROVIDED ON-SITE. 43 YOUTH ALONG WITH THEIR FAMILIES WERE SERVED BY LUTHERAN SOCIAL SERVICES LUTHER HALL THIS YEAR. THE AVERAGE AGE OF RESIDENTS WAS 14 YEARS OLD. THE AVERAGE LENGTH OF STAY WAS 6.8 MONTHS. OF THOSE SERVED, 94% WERE REPORTED TO HAVE MADE POSITIVE CHANGES DURING THEIR TREATMENT AT LUTHERAN SOCIAL SERVICES LUTHER HALL.

****LUTHERAN SOCIAL SERVICES FAMILY COUNSELING****

LUTHERAN SOCIAL SERVICES FAMILY COUNSELING PROVIDES INTENSIVE IN-HOME COUNSELING TO FAMILIES IN WHICH ONE OR MORE CHILDREN ARE AT RISK OF BEING PLACED OUTSIDE THE HOME. 371 FAMILY MEMBERS IN 112 FAMILIES

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RECEIVED COUNSELING SERVICES. 86% OF FAMILIES WHO RETURNED CLIENT SATISFACTION SURVEYS REPORTED SERVICES AS "EXCELLENT" AND 14% AS "VERY GOOD." 82% OF YOUTH SERVED WERE RETAINED IN THE FAMILY HOME AT 90 DAYS AFTER COMPLETING SERVICES.

****LUTHERAN SOCIAL SERVICES GAMBLERS CHOICE****

LUTHERAN SOCIAL SERVICES GAMBLERS CHOICE PROVIDES EDUCATION, COUNSELING, AND TREATMENT TO HELP PROBLEM GAMBLERS AND THEIR FAMILIES RESOLVE THE EMOTIONAL, RELATIONSHIP AND FINANCIAL PROBLEMS THAT RESULT FROM A GAMBLING ADDICTION. A TOTAL OF 147 GAMBLERS AND FAMILY MEMBERS OF GAMBLERS RECEIVED HELP WITH GAMBLING ADDICTION THROUGH GAMBLERS CHOICE THIS PAST YEAR. 882 PEOPLE PARTICIPATED IN A TOTAL OF 23 EDUCATIONAL PRESENTATIONS FACILITATED BY THE GAMBLERS CHOICE STAFF THIS PAST YEAR.

****LUTHERAN SOCIAL SERVICES DIVERT****

LUTHERAN SOCIAL SERVICES DIVERT IS AN EARLY INTERVENTION PROGRAM THAT WORKS WITH AT-RISK YOUTH AND THEIR FAMILIES TO IDENTIFY DIFFICULTIES, SET GOALS FOR IMPROVEMENT AND UTILIZE COMMUNITY RESOURCES TO GET THE HELP THEY NEED. 107 FAMILIES WERE SERVED BY THE DIVERT PROGRAM THIS PAST YEAR. MOST OF THESE REFERRALS CAME FROM JUVENILE COURT, SCHOOLS, SOCIAL SERVICES AND FROM FAMILY SELF-REFERRAL. 86% OF THE YOUTH WHO COMPLETED SERVICES WITH DIVERT WERE NOT INVOLVED IN THE JUVENILE JUSTICE SYSTEM FOR AT LEAST 90 DAYS AFTER GOING THROUGH THE PROGRAM. 93% OF FAMILIES WHO RETURNED CLIENT SATISFACTION SURVEYS REPORTED SERVICES AS "EXCELLENT" AND 7% AS "VERY GOOD."

****LUTHERAN SOCIAL SERVICES VIOLENCE FREE****

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LUTHERAN SOCIAL SERVICES VIOLENCE FREE HELPS BATTERERS CHANGE THEIR BEHAVIORS TOWARD THEIR PARTNERS, HELPING TO REDUCE DOMESTIC VIOLENCE IN THE COMMUNITY. ANGER MANAGEMENT PROGRAMMING IS OFFERED FOR THOSE INDIVIDUALS WHO HAVE PROBLEMS HANDLING THEIR ANGER IN NON-INTIMATE PARTNER RELATIONSHIPS. LUTHERAN SOCIAL SERVICES VIOLENCE FREE CONDUCTED ONE DOMESTIC VIOLENCE GROUP DURING THE PAST YEAR. AN AVERAGE OF 8 TO 10 PEOPLE ATTENDED EACH WEEK. VIOLENCE FREE PROVIDED 48 EVALUATIONS FOR COURTS, PROBATION AND OTHER AGENCIES DURING THE PAST YEAR.

****COMMUNITY PROGRAMS****

THE COMMUNITY OUTREACH PROGRAMS OF LUTHERAN SOCIAL SERVICES PROVIDE THE RESOURCES AND EXPERTISE TO STRENGTHEN COMMUNITIES EMOTIONALLY, PHYSICALLY AND ECONOMICALLY.

****GREAT PLAINS FOOD BANK****

GREAT PLAINS FOOD BANK RECOVERS SURPLUS FOOD FROM THE FOOD INDUSTRY AND DISTRIBUTES IT TO FOOD PANTRIES, OTHER CHARITABLE FEEDING PROGRAMS AND HUNGRY PEOPLE ACROSS NORTH DAKOTA AND WESTERN MINNESOTA. THE BACKPACK PROGRAM HELPS FEED HUNGRY CHILDREN ON THE WEEKEND WHEN FREE SCHOOL MEALS ARE NOT AVAILABLE. SERVED 73,404 PEOPLE BY DISTRIBUTING 10,496,869 POUNDS OF FOOD VALUED AT \$17.4 MILLION TO 278 FEEDING PROGRAMS IN 101 COMMUNITIES THIS PAST YEAR. THIS INCLUDES 593,549 POUNDS OF DISASTER RELIEF PRODUCT VALUED AT \$985,291. EXPANDED THE MOBILE FOOD PANTRY AND SNAP OUTREACH PROGRAMS. DISTRIBUTED MORE THAN \$400,000 WORTH OF NEW CHILDREN'S CLOTHING AND GEAR THROUGH THE K.I.D.S. PROGRAM. GREW THE VOLUNTEER FORCE TO 4,492 DEDICATED INDIVIDUALS.

****LUTHERAN SOCIAL SERVICES NEW AMERICANS****

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LUTHERAN SOCIAL SERVICES NEW AMERICANS PROVIDES WELCOME TO REFUGEES WHO HAVE FLED PERSECUTION IN THEIR HOME COUNTRIES, AND WHO HAVE EXHAUSTED ALL OTHER OPTIONS. WE HELP REFUGEES BEGIN A NEW LIFE AND HELP THEM TO ACHIEVE SELF-SUFFICIENCY AS NEW RESIDENTS IN NORTH DAKOTA. OUR AGENCY OFFERS RESETTLEMENT SERVICES IN FARGO, GRAND FORKS AND BISMARCK. WE CONTINUE TO SERVE REFUGEES THROUGH EMPLOYMENT AND IMMIGRATION SERVICES.

LUTHERAN SOCIAL SERVICES NEW AMERICANS PROVIDED WELCOME TO 610 REFUGEES. 192 EMPLOYABLE ADULTS WENT TO WORK AFTER RESETTLEMENT WITH EMPLOYMENT STAFF CONTINUING TO BUILD RELATIONSHIPS WITH NEW EMPLOYERS IN ORDER FOR REFUGEES TO OBTAIN SELF-SUFFICIENCY AS QUICKLY AS POSSIBLE. 632 CLIENTS COMPLETED APPLICATIONS FOR CITIZENSHIP, GREEN CARDS AND OTHER IMMIGRATION NEEDS. REFUGEE CHILDREN AND YOUTH, WHO ARRIVE WITHOUT A PARENT OR GUARDIAN, WERE PROVIDED 13,119 DAYS OF CARE THROUGH THE UNACCOMPANIED REFUGEE MINOR PROGRAM. LUTHERAN SOCIAL SERVICES NEW AMERICANS PROGRAM IS A PASS-THROUGH ENTITY FOR SOME FEDERAL GRANTS RECEIVED FROM THE UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF REFUGEE RESETTLEMENT. LUTHERAN SOCIAL SERVICES RECEIVES THE FEDERAL GRANT MONEY AND THEN DISTRIBUTES IT TO SUB RECIPIENT ORGANIZATIONS THAT CONTRACT WITH LUTHERAN SOCIAL SERVICES TO PROVIDE SERVICES FOR REFUGEES IN COMPLIANCE WITH THE FEDERAL GRANT.

****LUTHERAN SOCIAL SERVICES SENIOR COMPANIONS****

LUTHERAN SOCIAL SERVICES SENIOR COMPANIONS MATCHES VOLUNTEERS AGE 55 OR OLDER WITH OTHER OLDER ADULTS WHO NEED HELP TO CONTINUE LIVING INDEPENDENTLY IN THEIR OWN HOMES. 635 SENIORS ACROSS NORTH DAKOTA WERE SERVED IN THEIR HOMES BY 117 SENIOR COMPANIONS VOLUNTEERS. VOLUNTEERS PROVIDED 82,000 HOURS OF ASSISTANCE. SENIOR COMPANIONS VOLUNTEERS ALSO PROVIDED 53 CAREGIVERS A BREAK WITH IN-HOME RESPITE SERVICES.

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****LUTHERAN SOCIAL SERVICES DISASTER RESPONSE****

LUTHERAN SOCIAL SERVICES DISASTER RESPONSE ASSISTS DISASTER VICTIMS BEFORE AND AFTER A DISASTER THROUGH PREPAREDNESS TRAINING, CASE MANAGEMENT AND CONSULTATION SERVICES, AS WELL AS RECRUITMENT AND COORDINATION OF VOLUNTEERS FOR CLEANUP AND REBUILDING EFFORTS. DURING THE 12 MONTHS ENDING JUNE 30, 2012, LUTHERAN SOCIAL SERVICES DISASTER RESPONSE (FORMERLY LUTHERAN DISASTER RESPONSE) COORDINATED 2,703 VOLUNTEERS WHO PROVIDED 54,604 HOURS OF CLEANUP AND REBUILD SERVICES IN THE GREATER MINOT AREA AND PROVIDED VOLUNTEERS TO ASSIST IN CLEANUP IN RURAL HOMES DUE TO SPRING FLOODING AND HIGH WATER TABLES. LUTHERAN SOCIAL SERVICES DISASTER RESPONSE PLAYED A KEY ROLE IN CREATING HOPE VILLAGE IN MINOT WITH OTHER FAITH-BASED DISASTER PARTNERS. IN OTHER AREAS OF THE STATE, LUTHERAN SOCIAL SERVICES DISASTER RESPONSE ESTABLISHED LOCAL UNMET NEEDS COMMITTEES AND PROVIDED CASE MANAGEMENT SERVICES TO RURAL AREAS.

LUTHERAN SOCIAL SERVICES HOUSING *

LUTHERAN SOCIAL SERVICES HOUSING CREATES AFFORDABLE RENTAL HOUSING FOR THOSE WHO EMBRACE LIFE IN NORTH DAKOTA'S RURAL COMMUNITIES. PROJECTS LEVERAGE THE STRENGTHS OF CONGREGATIONS, TOWN LEADERSHIP AND THE HOUSING INDUSTRY TO SUPPORT THE VITALITY OF SMALLER COMMUNITIES. CURRENTLY, THERE ARE 115 UNITS OWNED AND OPERATED BY LUTHERAN SOCIAL SERVICES HOUSING, 219 UNITS UNDER MANAGEMENT BY LUTHERAN SOCIAL SERVICES PROPERTY MANAGEMENT GROUP, AND 226 UNITS UNDER DEVELOPMENT BY LUTHERAN SOCIAL SERVICES HOUSING. LUTHERAN SOCIAL SERVICES HOUSING IS SERVING 219 HOUSEHOLDS IN 14 DIFFERENT COMMUNITIES IN 11 DIFFERENT COUNTIES.

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FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATE MEMBERS OF LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA ARE THE EASTERN NORTH DAKOTA AND THE WESTERN NORTH DAKOTA SYNODS OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE LUTHERAN CHURCH-MISSOURI SYNOD, NORTH DAKOTA DISTRICT.

FORM 990, PART VI, SECTION A, LINE 7A: THERE ARE 14 PEOPLE ON THE BOARD OF DIRECTORS. THREE OF THESE DIRECTORS (TWO BISHOPS AND ONE PRESIDENT) SERVE BY VIRTUE OF THEIR OFFICE, AND THE OTHER 11 DIRECTORS ARE ELECTED BY THEIR CORPORATE MEMBERS. OF THESE 11 DIRECTORS, THE EASTERN NORTH DAKOTA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA SHALL ELECT OR APPOINT THREE DIRECTORS, THE WESTERN NORTH DAKOTA SYNOD SHALL ELECT OR APPOINT THREE DIRECTORS, THE LUTHERAN CHURCH-MISSOURI SYNOD, NORTH DAKOTA DISTRICT SHALL ELECT OR APPOINT ONE DIRECTOR, AND FOUR AT-LARGE DIRECTORS SHALL BE ELECTED BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO WILL REVIEW THE 990. A PACKET INCLUDING THE 990 WILL ALSO BE SENT TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD WILL BE GIVEN A WEEK TO REVIEW THE 990, AND SUGGEST ANY CHANGES THAT SHOULD BE MADE.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EMPLOYEES HAVE THE RESPONSIBILITY TO GIVE NOTIFICATION IF THEY HAVE A CONFLICT OR POTENTIAL CONFLICT OF INTEREST. BOARD MEMBERS ARE NOT ALLOWED TO VOTE ON

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ANY ISSUE WHERE THERE IS A POTENTIAL CONFLICT OF INTEREST. ALL POTENTIAL CONFLICTS ARE REVIEWED AND IT IS DETERMINED IF A CONFLICT EXISTS BY THE CEO WITH CONSULTATION BY THE BOARD AND/OR LEGAL COUNSEL IF NECESSARY. THE BOARD OF DIRECTORS, EMPLOYEES, VOLUNTEERS AND PAID CONSULTANTS ARE ALL COVERED BY THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A: THE HUMAN RESOURCE DEPARTMENT DOES A SEARCH OF SALARY SURVEY RECORDS TO OBTAIN COMPARABLE SALARY DATA. THE SALARY SURVEYS ARE USED AS PART OF THE DECISION BEHIND THE SALARY RANGE THAT IS ASSIGNED TO THE APPLICABLE POSITION. THE BOARD OF DIRECTORS ACTUALLY ENDS UP DETERMINING THE COMPENSATION LEVEL FOR THE CEO AND THE CEO SETS THE COMPENSATION FOR ALL OF THE OTHER VICE-PRESIDENTS' SALARIES. THE LATEST SALARY SURVEY, WHICH REFLECTED SALARY DATA FOR THE YEAR 2010, WAS REVIEWED IN FEBRUARY 2012.

FORM 990, PART VI, SECTION C, LINE 19: THE ANNUAL REPORT IS PUBLISHED ON THE ORGANIZATION'S WEBSITE. IT IS ALSO MAILED TO PRESENT AND POTENTIAL DONORS AND IS AVAILABLE AT THE FRONT OFFICE DESK. ABBREVIATED FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT. THERE ARE NO OTHER POLICIES OR DOCUMENTS ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WOULD ALSO BE AVAILABLE UPON REQUEST IF SOMEONE WANTED TO SEE THEM.

FORM 990, PART VII, SECTION A, LINE 1A

AVERAGE HOURS PER WEEK

THE OFFICERS AND BOARD MEMBERS ALSO DEDICATE TIME TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION. THESE HOURS ARE NOT INCLUDED IN THE AVERAGE HOURS PER WEEK THAT ARE REPORTED IN PART VII,

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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SECTION A, LINE 1A.

THE FOLLOWING INDIVIDUALS DEDICATED AN AVERAGE OF ONE AND ONE HALF HOURS PER WEEK TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION:

REV. PATRICK O'BRIEN, DAVID WALTH, MELANIE STILLWELL, ROBERT SANDERSON, BISHOP MARK NARUM AND JOAN PENNER.

FORM 990, PART X, LINE 8

FOOD INVENTORY

LSS OF ND RECEIVES DONATED FOOD FOR THE FOOD BANK. THIS FOOD IS THEN DISTRIBUTED TO MEMBER AGENCIES FOR THEM TO DISTRIBUTE TO INDIVIDUALS IN NEED. THE VALUE OF THE DONATED FOOD THAT HASN'T BEEN DISTRIBUTED AT THE END OF THE MONTH IS INCLUDED AS INVENTORY ON THE LUTHERAN SOCIAL SERVICES OF ND STATEMENT OF FINANCIAL POSITION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -89,456.

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.

Name of the organization **LUTHERAN SOCIAL SERVICES OF ND** Employer identification number **45-0226421**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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
LUTHERAN SOCIAL SERVICES HOUSING, INC. - 26-2358686, 4720 7TH AVE S, SUITE B, FARGO, ND 58103	PROVIDING AFFORDABLE HOUSING	NORTH DAKOTA	501(C)(3)	LINE 9	LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA	X	
LUTHERAN SOCIAL SERVICES JAMESTOWN, INC. - 27-3425920, 4720 7TH AVE S, SUITE B, FARGO, ND 58103	RENTAL UNITS FOR ELDERLY	NORTH DAKOTA	501(C)(3)	LINE 7	LUTHERAN SOCIAL SERVICES HOUSING, INC.		X

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) Disproportion- ate 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	
LSS HOUSING TIOGA, LP - 27-1976384, PO BOX 2148, FARGO, ND 58107	RENTAL HOUSING	ND	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LSS HOUSING WILLISTON, LP - 45-4359570, PO BOX 2148, FARGO, ND 58107	RENTAL HOUSING	ND	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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
LSS HOUSING TIOGA LLC - 27-1976245 PO BOX 2148 FARGO, ND 58107	26 UNIT RENTAL HOUSING PROJECT	ND	N/A	C CORP	N/A	N/A	N/A
LSS HOUSING WILLISTON LLC - 32-0363168 PO BOX 2148 FARGO, ND 58107	AFFORDABLE SENIOR HOUSING	ND	N/A	C CORP	N/A	N/A	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)	X	
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LUTHERAN SOCIAL SERVICES HOUSING, INC.	A	16,364.	ACCRUAL
(2) LUTHERAN SOCIAL SERVICES HOUSING, INC.	D	1,835,890.	ACCRUAL
(3)			
(4)			
(5)			
(6)			

