

**Return of Organization Exempt From Income Tax**

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

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input 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	<b>C</b> Name of organization <b>LUTHERAN SOCIAL SERVICES OF ND</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1325 11TH STREET SOUTH, BOX 389</b> City or town, state or country, and ZIP + 4 <b>FARGO, ND 58107</b> <b>F</b> Name and address of principal officer: <b>ROBERT SANDERSON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>45-0226421</b> <b>E</b> Telephone number <b>(701) 235-7341</b> <b>G</b> Gross receipts \$ <b>14,943,871.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.LSSND.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1936</b> <b>M</b> State of legal domicile: <b>ND</b>

Part I Summary																										
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA OPERATES PROGRAMS TO HELP PEOPLE ACROSS THE ENTIRE</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 14																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 14																								
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b> 445																								
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 4074																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 0.																								
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**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 <b>JOAN PENNER, CFO</b> Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name <b>LISA CHAFFEE, CPA</b>	Preparer's signature <b>LISA CHAFFEE, CPA</b>	Date <b>01/24/12</b>	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ <b>EIDE BAILLY LLP</b>	Firm's EIN ▶		
	Firm's address ▶ <b>4310 17TH AVE S PO BOX 2545 FARGO, ND 58108-2545</b>	Phone no. <b>701-239-8500</b>		

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

4a (Code: ) (Expenses \$ 10,828,849. including grants of \$ 1,735,051. ) (Revenue \$ 3,241,180. )
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA PROVIDED THE FOLLOWING SERVICES IN FISCAL YEAR 2011:

\*\*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 10,828,849.

**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 Schedule B, Schedule of Contributors?	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	<b>Section 501(c)(3) organizations.</b> 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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 term, permanent, 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, and program service activities outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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	
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>a</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> ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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

Input box for Schedule O response

Main table with columns for question ID, description, sub-questions, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7c, 7d-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a, 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

**Section A. Governing Body and Management**

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

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

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

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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**  
**1325 11TH STREET SOUTH, BOX 389, FARGO, ND 58107**

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK STRAND CHAIRMAN OF THE BOARD	1.50	X		X				0.	0.	0.
DAVID WALTH VICE CHAIRMAN	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.
ROGER SEDLMAYR BOARD MEMBER (RESIGNED 2-11-11)	1.00	X						0.	0.	0.
REV. PATRICK O'BRIEN BOARD MEMBER (INSTALLED 6-6-11)	0.30	X						0.	0.	0.
ROBERT SANDERSON CEO	40.00			X				105,154.	0.	10,677.
JANELL REGIMBAL SR. VICE PRESIDENT/YOUTH	40.00			X				75,843.	0.	12,102.

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL REIERSON VICE PRESIDENT/HUMAN RESOURCES	40.00			X				59,925.	0.	14,759.
MARY WEILER VICE PRESIDENT/COMMUNITY	40.00			X				68,959.	0.	9,557.
JOAN PENNER CFO	40.00			X				5,992.	0.	452.
<b>1b Sub-total</b>								315,873.	0.	47,547.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								315,873.	0.	47,547.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any <b>former</b> 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.

(A) Name and business address	(B) Description of services	(C) Compensation
RUSS REID CO., 14384 COLLECTIONS DRIVE CENTER, CHICAGO, IL 60693	MARKETING	260,155.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1



**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	271,676.				
	b	Membership dues	1b					
	c	Fundraising events	1c	32,620.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,330,318.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,702,982.				
	g	Noncash contributions included in lines 1a-1f: \$		47,969.				
	h	<b>Total.</b> Add lines 1a-1f		10337596.				
	Program Service Revenue	2 a	CLIENT & PROGRAM INC.	Business Code 624100	3,048,449.	3,048,449.		
b		MISCELLANEOUS	900099	192,731.	192,731.			
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		3,241,180.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		116,484.			116,484.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)		15,975.			
		d	Net rental income or (loss)		15,975.			15,975.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)		14,374.	1,256.		
		d	Net gain or (loss)		15,630.			15,630.
	8 a	Gross income from fundraising events (not including \$ 32,620. of contributions reported on line 1c). See Part IV, line 18	a		18,590.			
		b	Less: direct expenses	b	9,040.			
		c	Net income or (loss) from fundraising events		9,550.			9,550.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
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	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.			13736415.	3,241,180.	0.	157,639.	

**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).

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 U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	1,735,051.	1,735,051.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	417,610.	36,034.	378,872.	2,704.
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 .....	5,602,934.	5,043,375.	292,752.	266,807.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	202,936.	184,560.	8,622.	9,754.
9 Other employee benefits .....	731,160.	651,800.	57,979.	21,381.
10 Payroll taxes .....	540,287.	461,865.	54,597.	23,825.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	9,993.		9,993.	
c Accounting .....	23,900.		23,900.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	289,845.			289,845.
f Investment management fees .....	13,467.		13,467.	
g Other .....	425,418.	283,285.	111,191.	30,942.
12 Advertising and promotion .....	64,755.	60,713.	527.	3,515.
13 Office expenses .....	980,847.	863,097.	58,115.	59,635.
14 Information technology .....	-4,721.	222,889.	-242,972.	15,362.
15 Royalties .....				
16 Occupancy .....	389,579.	303,452.	60,581.	25,546.
17 Travel .....	566,532.	503,195.	36,712.	26,625.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	143,560.	126,872.	15,331.	1,357.
20 Interest .....	10,520.	10,520.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	280,013.	171,252.	100,066.	8,695.
23 Insurance .....	32,265.	32,265.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>EVENT EXPENSE</b> .....	94,083.	93,923.	160.	
b <b>DUES &amp; PUBLICATIONS</b> .....	55,265.	49,424.	3,623.	2,218.
c <b>BAD DEBTS</b> .....	5,401.	5,401.		
d .....				
e .....				
f All other expenses .....	14,400.	-10,124.	20,642.	3,882.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	12,625,100.	10,828,849.	1,004,158.	792,093.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	162,427.	<b>2</b>	619,404.	
	<b>3</b> Pledges and grants receivable, net .....	2,310,867.	<b>3</b>	1,971,461.	
	<b>4</b> Accounts receivable, net .....	278,825.	<b>4</b>	393,863.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	478,000.	<b>7</b>	478,000.	
	<b>8</b> Inventories for sale or use .....	135,507.	<b>8</b>	132,243.	
	<b>9</b> Prepaid expenses and deferred charges .....	89,510.	<b>9</b>	48,690.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,500,375.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,001,322.	3,465,490.	<b>10c</b>	3,499,053.
	<b>11</b> Investments - publicly traded securities .....	3,424,292.	<b>11</b>	3,912,565.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	35,218.	<b>12</b>	38,465.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	656,411.	<b>15</b>	828,331.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,036,547.	<b>16</b>	11,922,075.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,020,498.	<b>17</b>	993,695.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	610,945.	<b>19</b>	365,288.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	473,928.	<b>25</b>	123,505.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,105,371.	<b>26</b>	1,482,488.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	7,805,506.	<b>27</b>	8,153,582.	
	<b>28</b> Temporarily restricted net assets .....	1,125,670.	<b>28</b>	2,286,005.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	8,931,176.	<b>33</b>	10,439,587.	
<b>34</b> Total liabilities and net assets/fund balances .....	11,036,547.	<b>34</b>	11,922,075.		

**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	13,736,415.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,625,100.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,111,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,931,176.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	397,096.
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	10,439,587.

**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	

**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

**2010**

Open to Public Inspection

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

**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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- 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	
<b>Total</b>									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5537468.	6095399.	8029511.	8070371.	10337596.	38070345.
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 <b>Total.</b> Add lines 1 through 3 .....	5537468.	6095399.	8029511.	8070371.	10337596.	38070345.
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 <b>Public support.</b> Subtract line 5 from line 4.						38070345.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	5537468.	6095399.	8029511.	8070371.	10337596.	38070345.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	173,129.	171,958.	166,678.	126,054.	132,459.	770,278.
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 <b>Total support.</b> Add lines 7 through 10						38840623.
12 Gross receipts from related activities, etc. (see instructions) .....					12	14,496,089.
13 <b>First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	98.02	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	97.76	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
16b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

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, aggregate 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 aggregate 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 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) (2010)



Name of organization <b>LUTHERAN SOCIAL SERVICES OF ND</b>	Employer identification number <b>45-0226421</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CORPORATION FOR NATIONAL SERVICE 2101 NEW YORK AVE NW WASHINGTON, DC 20525	\$ 320,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LUTHERAN IMMIGRATION AND REFUGEE SERVICES 700 LIGHT STREET BALTIMORE, MD 21230	\$ 437,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EPISCOPAL MIGRATION MINISTRIES 815 2ND AVE NEW YORK, NY 10017	\$ 215,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ND DEPT OF HUMAN SERVICES STATE CAPITAL, 600 E BOULEVARD AVE BISMARCK, ND 58505	\$ 3,525,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ND DEPT OF CORRECTIONS & REHABILITATION 3303 E MAIN, PO BOX 1898 BISMARCK, ND 58502	\$ 588,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
LUTHERAN SOCIAL SERVICES OF ND	45-0226421

**Part II Noncash Property** (see instructions)

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

<b>Name of organization</b>	<b>Employer identification number</b>
LUTHERAN SOCIAL SERVICES OF ND	45-0226421

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

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

**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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	1,964,866.	1,794,522.	1,798,676.		
b Contributions	4,780.	24,781.	261,120.		
c Net investment earnings, gains, and losses	324,728.	208,625.	-201,617.		
d Grants or scholarships					
e Other expenditures for facilities and programs	63,409.	55,398.	56,693.		
f Administrative expenses		7,664.	6,964.		
g End of year balance	2,230,965.	1,964,866.	1,794,522.		

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

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  %
- c Term endowment  %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
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 investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,223,407.		1,223,407.
b Buildings		2,900,851.	1,303,984.	1,596,867.
c Leasehold improvements				
d Equipment		2,339,745.	1,697,338.	642,407.
e Other		36,372.		36,372.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>3,499,053.</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	16,320.
(2) DUE FROM LSS HOUSING, INC.	812,011.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	828,331.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SPECIAL ASSESSMENTS PAYABLE	105,155.
(3) ANNUITY PAYABLE	18,350.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	123,505.

**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	13,736,415.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,625,100.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,111,315.
4	Net unrealized gains (losses) on investments	4	397,096.
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	397,096.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,508,411.

**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	14,141,295.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	397,096.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	397,096.
3	Subtract line 2e from line 1	3	13,744,199.
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	-7,784.
c	Add lines 4a and 4b	4c	-7,784.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,736,415.

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

1	Total expenses and losses per audited financial statements	1	12,632,884.
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	7,784.
e	Add lines 2a through 2d	2e	7,784.
3	Subtract line 2e from line 1	3	12,625,100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,625,100.

**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 OF 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 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	-9,040.
REALIZED GAIN INCLUDED IN EXPENSES	1,256.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-7,784.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

REALIZED GAIN INCLUDED IN EXPENSES	-1,256.
SPECIAL EVENTS EXPENSE	9,040.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	7,784.

## PART XI, XII, AND XIII:

LUTHERAN SOCIAL SERVICES OF ND IS AUDITED ON A CONSOLIDATED BASIS WITH A  
RELATED ORGANIZATION, LUTHERAN SOCIAL SERVICES HOUSING, INC. THE AMOUNTS  
SHOWN IN PARTS XI, XII, AND XIII OF SCHEDULE D ARE RECONCILIATIONS OF THE  
NET ASSETS, REVENUES, AND EXPENSES OF LUTHERAN SOCIAL SERVICES OF ND ONLY,  
AND DO NOT INCLUDE ANY PORTION OF THE NET ASSETS, REVENUES, OR EXPENSES OF  
LUTHERAN SOCIAL SERVICES HOUSING, INC.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID CO. - 14384 COLLECTIONS DRIVE CENTER,	FUNDRAISING MAILINGS		X	764,068.	269,648.	494,420.
MEYER PARTNERS LLC - 1701 EAST WOODFIELD RD, STE 425,	FUNDRAISING MAILINGS		X	24,419.	20,197.	4,222.
<b>Total</b>				788,487.	289,845.	498,642.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**MN, ND**

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**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 (add col. (a) through col. (c))
		<b>CHEF ' S GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	51,210.			51,210.
	<b>2</b> Less: Charitable contributions .....	32,620.			32,620.
	<b>3</b> Gross income (line 1 minus line 2) .....	18,590.			18,590.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	1,000.			1,000.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....	600.			600.
	<b>9</b> Other direct expenses .....	7,440.			7,440.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 9,040 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				9,550.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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

**2010**

**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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**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	402	419,542.	0.		
TRAVEL, INSURANCE, BOARDING CARE, RECOGNITION, MEDICAL, ALLOWANCES, AND GIFT ASSISTANCE FOR SENIOR COMPANION PARTICIPANTS	113	251,589.	0.		
CASE RELIEF, EXTENDED SERVICES, IMMIGRATION EXPENSE, PROGRAM, AND VOLUNTEER EXPENSES	175	208,439.	0.		
FOOD, CLOTHING, RENT, PERSONAL SUPPLIES, EMPLOYMENT, TRAVEL, AND EDUCATION ASSISTANCE	250	855,481.	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.

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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	4	8,690.	FAIR MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	34,271.	HIGH LOW AVERAGE
10 Securities - Closely held stock .....	X	1	5,008.	SALE VALUE
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **4**

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

**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

**2010**

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 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

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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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 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 2009, WAS REVIEWED IN FEBRUARY 2011.

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.



Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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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 GAINS ON INVESTMENTS: 397,096.

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

**\*\*HEALTHY FAMILIES\*\***

HEALTHY FAMILIES IS A FREE, VOLUNTARY FAMILY SUPPORT SERVICE THAT HELPS PARENTS CREATE A HEALTHY, NURTURING HOME FOR THEIR NEW BABY. 49 FAMILIES IN BURLEIGH AND MORTON COUNTIES AND 62 FAMILIES IN GRAND FORKS AND NELSON COUNTIES RECEIVED IN-HOME SERVICES THIS YEAR. 98% OF THE CHILDREN IN THE HEALTHY FAMILIES PROGRAM ARE UP-TO-DATE ON WELL-BABY CHECKS AND IMMUNIZATIONS.

**\*\*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. 32 CHILDREN WERE ADOPTED AND PLACED IN LOVING HOMES THROUGH THE ADOPTION OPTION. 100 WOMEN RECEIVED PREGNANCY COUNSELING WITH 91% ACCOMPLISHING THEIR GOALS

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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THROUGH THIS COUNSELING. 12 SEARCHES WERE COMPLETED FOR ADOPTED ADULTS, BIRTH SIBLINGS OR BIRTH PARENTS THIS PAST YEAR. 1,621 PEOPLE ATTENDED COMMUNITY EDUCATION AND OUTREACH PRESENTATIONS MADE BY THE ADOPTION OPTION STAFF AT 289 SITES.

**\*\*RESTORATIVE JUSTICE\*\***

RESTORATIVE JUSTICE BRINGS TOGETHER PERSONS WHO HAVE COMMITTED A CRIME WITH THEIR VICTIMS IN A SAFE, NEUTRAL ACCOUNTABILITY CONFERENCE SETTING. OTHER RESTORATIVE JUSTICE SERVICES AIMED AT RESOLVING DIFFERENCES AND REDUCING RECIDIVISM INCLUDE VICTIM EMPATHY SEMINARS AND COMMUNITY CIRCLES. 515 YOUTH OFFENDERS, 46 ADULT OFFENDERS AND 239 VICTIMS WERE SERVED. 144 STUDENTS PARTICIPATED IN RESTORATIVE PROGRAMMING THROUGH SERVICES OFFERED AT BISMARCK PUBLIC SCHOOLS.

**\*\*YOUTH COURT\*\***

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 INVOLVES ACTIONS THE YOUTH MUST TAKE TO REPAIR THE HARM DONE. 54 YOUTH AND THEIR FAMILIES WERE SERVED THROUGH THE YOUTH COURT PROGRAM THIS PAST FISCAL YEAR. 91 VOLUNTEERS GAVE 977 HOURS OF TIME SERVING EITHER AS A YOUTH JUROR, COURTROOM PERSONNEL, PROGRAM INTERN OR ADULT ASSISTANT.

**\*\*DAY REPORT\*\***

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. IT ALSO OFFERS BEYOND OUT OF SCHOOL

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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SUSPENSION (BOSS) TO YOUTH WHO HAVE BEEN SUSPENDED OR EXPELLED AND ARE AWAITING SCHOOL PLACEMENT. AN ADULT REINTEGRATION SERVICES COMPONENT IS ALSO AVAILABLE IN BISMARCK TO PROVIDE VOCATIONAL SERVICES FOR ADULT OFFENDERS RETURNING TO THE BISMARCK COMMUNITY. 28 YOUTH IN DAY REPORT COMPLETED 270 HOURS OF COMMUNITY SERVICE AND RECEIVED 3,427 HOURS OF SUPERVISION AND STRUCTURE.

**\*\*TRACKING\*\***

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. 308 YOUTH WERE MENTORED THROUGH THE TRACKING PROGRAM THIS PAST YEAR. 95% OF REFERRAL SOURCES FELT TRACKING WAS EFFECTIVE FOR YOUTH REFERRED.

**\*\*ATTENDANT CARE\*\***

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. 388 YOUTH RECEIVED 7,478 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.

**\*\*LUTHER HALL\*\***

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

Name of the organization LUTHERAN SOCIAL SERVICES OF ND	Employer identification number 45-0226421
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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. 37 YOUTH ALONG WITH THEIR FAMILIES WERE SERVED BY LUTHER HALL THIS YEAR. THE AVERAGE AGE OF RESIDENTS WAS 14.8 YEARS OLD. THE AVERAGE LENGTH OF STAY WAS 7 MONTHS. OF THOSE SERVED, 93% WERE REPORTED TO HAVE MADE POSITIVE CHANGES WITH 91% IMPROVING RELATIONSHIPS WITH OTHERS. 93% OF RESIDENTS, CASEWORKERS, AND FAMILIES REPORT AREAS OF CONCERN WERE ADDRESSED DURING THE TREATMENT PROCESS.

**\*\*FAMILY BASED SERVICES\*\***

FAMILY BASED SERVICES PROVIDES INTENSIVE IN-HOME COUNSELING TO FAMILIES IN WHICH ONE OR MORE CHILDREN ARE AT RISK OF BEING PLACED OUTSIDE THE HOME. 346 FAMILY MEMBERS IN 118 FAMILIES RECEIVED ONGOING COUNSELING SERVICES. 74% OF YOUTH SERVED WERE RETAINED IN THE FAMILY HOME AT 90 DAYS AFTER COMPLETING SERVICES.

**\*\*GAMBLERS CHOICE\*\***

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. 120 PROBLEM GAMBLERS AND 44 FAMILY MEMBERS RECEIVED HELP THROUGH GAMBLERS CHOICE THIS PAST YEAR. MORE THAN 40 GAMBLERS SUCCESSFULLY COMPLETED THE TREATMENT PROGRAM. 512 ATTENDEES PARTICIPATED IN A TOTAL OF 31 EDUCATIONAL PRESENTATIONS MADE BY THE GAMBLERS CHOICE COUNSELORS THIS PAST YEAR. A TOTAL OF 33 ALUMNI MEMBERS RETURNED TO SHARE THEIR INSPIRING STORIES OF HOPE AND HEALING WITH NEW TREATMENT GROUP MEMBERS.

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

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. 106 FAMILIES WERE SERVED BY THE DIVERT PROGRAM THIS PAST YEAR. MOST OF THESE REFERRALS CAME FROM JUVENILE COURT, SCHOOLS, AND FROM FAMILY SELF-REFERRAL. 75% 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.

**\*\*FREEDOM FROM VIOLENCE\*\***

FREEDOM FROM VIOLENCE 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. TWO DOMESTIC VIOLENCE GROUPS HANDLED AN AVERAGE OF 14 PEOPLE EACH WEEK PLUS TWO ANGER MANAGEMENT GROUPS MET DURING THE YEAR.

**\*\*COMMUNITY PROGRAMS\*\***

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

**\*\*DAILY BREAD\*\***

SURPLUS PERISHABLE FOOD FROM RESTAURANTS, HOTELS, SCHOOLS, HOSPITALS AND GROCERY STORES IS RECOVERED AND DISTRIBUTED TO FEED THE HUNGRY THROUGH THE DAILY BREAD PROGRAM. THE PROGRAM RECOVERED 1.96 MILLION

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POUNDS OF SURPLUS, PERISHABLE FOOD THAT PROVIDED 1.51 MILLION MEALS FOR HUNGRY AND HOMELESS PEOPLE.

**\*\*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 71,468 PEOPLE BY DISTRIBUTING MORE THAN 8.3 MILLION POUNDS OF FOOD VALUED AT \$13.8 MILLION TO 273 FEEDING PROGRAMS IN 99 COMMUNITIES THIS PAST YEAR. EXPANDED THE MOBILE FOOD PANTRY AND SNAP OUTREACH PROGRAMS. DISTRIBUTED MORE THAN \$500,000 WORTH OF NEW CHILDREN'S CLOTHING AND GEAR THROUGH THE K.I.D.S. PROGRAM. GREW THE VOLUNTEER FORCE TO 3,890 DEDICATED INDIVIDUALS.

**\*\*NEW AMERICAN SERVICES\*\***

NEW AMERICAN SERVICES HELPS LEGALLY-ADMITTED REFUGEES BEGIN A NEW LIFE AND BECOME SELF-SUFFICIENT IN NORTH DAKOTA. THE PROGRAM RESETTLES REFUGEES IN THE FARGO, GRAND FORKS, AND BISMARCK COMMUNITIES AND HELPS WITH RESETTLEMENT, EMPLOYMENT AND LEGAL IMMIGRATION. RESETTLED 402 REFUGEES WHO FLED THEIR COUNTRY BECAUSE OF PERSECUTION. 205 EMPLOYABLE ADULTS WENT TO WORK AFTER RESETTLEMENT. 566 NEW AMERICANS COMPLETED APPLICATIONS FOR CITIZENSHIP, GREEN CARDS AND OTHER IMMIGRATION NEEDS. UNACCOMPANIED REFUGEE MINORS PROVIDED 11,454 DAYS OF CARE TO REFUGEE CHILDREN AND YOUTH WHO ARRIVED WITHOUT A PARENT OR GUARDIAN.

**\*\*SENIOR COMPANIONS\*\***

SENIOR COMPANIONS MATCHES VOLUNTEERS AGE 55 OR OLDER WITH OTHER OLDER

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ADULTS WHO NEED HELP TO CONTINUE LIVING INDEPENDENTLY IN THEIR OWN HOMES. 774 SENIORS ACROSS NORTH DAKOTA WERE SERVED BY 113 SENIOR COMPANIONS VOLUNTEERS. VOLUNTEERS PROVIDED 82,000 HOURS OF SERVICE. SENIOR COMPANIONS VOLUNTEERS ALSO PROVIDED 51 CAREGIVERS A BREAK WITH IN-HOME RESPITE SERVICES.

**\*\*LUTHERAN DISASTER RESPONSE\*\***

LUTHERAN DISASTER RESPONSE PROVIDES HEALING, HELP AND HOPE 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. THROUGH JUNE 30, 2011, LUTHERAN SOCIAL SERVICES STAFF AND VOLUNTEERS MADE 861 CALLS TO PEOPLE IN 41 COUNTIES AND 1 RESERVATION WHO REPORTED FLOODING AND REQUESTED HELP WITH CLEANUP. LUTHERAN DISASTER RESPONSE ALSO COORDINATED 66 VOLUNTEERS WHO PROVIDED 1,498 HOURS OF CLEANUP SERVICES IN WILLISTON AND RURAL AREAS DUE TO SPRING FLOODING AND HIGH WATER TABLES.

**\*\*LSS HOUSING\*\***

LSS 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. DURING 2011, PROJECTS WERE COMPLETED AND RESIDENTS MOVED IN TO NEW HOMES IN PARSHALL, MADDOCK, STANLEY, AND NORTHWOOD.

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

AVERAGE HOURS PER WEEK

THE OFFICERS AND BOARD MEMBERS ALSO DEDICATE TIME TO LUTHERAN SOCIAL

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SERVICES HOUSING, INC., A RELATED ORGANIZATION. THESE HOURS ARE NOT INCLUDED IN THE AVERAGE HOURS PER WEEK THAT ARE REPORTED IN PART VII, SECTION A, LINE 1A.

THE FOLLOWING INDIVIDUAL DEDICATED AN AVERAGE OF .05 HOURS PER WEEK TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION:

REV. PATRICK O'BRIEN

THE FOLLOWING INDIVIDUAL DEDICATED AN AVERAGE OF .15 HOURS PER WEEK TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION:

ROGER SEDLMAYR

THE FOLLOWING INDIVIDUALS DEDICATED AN AVERAGE OF .25 HOURS PER WEEK TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION:

MARK STRAND, LYNDIA BERTSCH, CINDY ANDERSON, REV. SHARON BAKER, RICHARD HALL, JIM MELLAND, ROGER MONSON, HAROLD OVRE, BISHOP WILLIAM E. RINDY, JENNIFER SCHAEFFER

THE FOLLOWING INDIVIDUALS DEDICATED AN AVERAGE OF .5 HOURS PER WEEK TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION:

JANELL REGIMBAL, MARY WEILER, GAIL REIERSON

THE FOLLOWING INDIVIDUALS DEDICATED AN AVERAGE OF 1.5 HOURS PER WEEK TO LUTHERAN SOCIAL SERVICES HOUSING, INC., A RELATED ORGANIZATION:

ROBERT SANDERSON, JOAN PENNER, DAVID WALTH, MELANIE STILLWELL, BISHOP MARK NARUM



**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, 1325 11TH STREET SOUTH, FARGO, ND 58103	PROVIDING AFFORDABLE HOUSING	NORTH DAKOTA	501(C)(3)	9	LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA	X	
LUTHERAN SOCIAL SERVICES JAMESTOWN, INC. - 27-3425920, 1325 11TH STREET SOUTH, FARGO, ND 58103	RENTAL UNITS FOR ELDERLY	NORTH DAKOTA	501(C)(3)	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	

**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

**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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	X	
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	X	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	X	
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other 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	12,560.	ACCRUAL
(2) LUTHERAN SOCIAL SERVICES HOUSING, INC.	D	812,012.	ACCRUAL
(3)			
(4)			
(5)			
(6)			





• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b> <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization <b>LUTHERAN SOCIAL SERVICES OF ND</b>	<b>Employer identification number</b> <b>45-0226421</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1325 11TH STREET SOUTH, BOX 389</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FARGO, ND 58107</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JOAN PENNER**

• The books are in the care of ▶ 1325 11TH STREET SOUTH, BOX 389 - FARGO, ND 58107

Telephone No. ▶ 701-271-3208 FAX No. ▶ 701-235-7359

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2012.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ **CPA** Date ▶ \_\_\_\_\_