Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

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

OMB No. 1545-0047

Δ F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and	ending J	UN 30, 2012	•		
			chaing 0	1			
B c	heck if oplicable	C Name of organization		D Employer identific	cation number		
	Addres change	S LUTHERAN SOCIAL SERVICES OF COLORADO					
	Name change	Doing Business As LUTHERAN FAMILY SERVICES ROCKY MOUNT		84-077	5550		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Termin ated	363 S. HARLAN STREET #200		· ·	922-3433		
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	11,693,933.		
	Application	DENVER, CO 80226		H(a) Is this a group re	eturn		
	pendin	F Name and address of principal officer: JAMES BARCLAY		for affiliates?	Yes X No		
		363 S. HARLAN STREET, #200, DENVER, CO 8022		H(b) Are all affiliates inc			
TT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)		
		WWW.LFSCO.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	 	A State of legal domicile; CO		
		Summary		1	· ·		
	_	Briefly describe the organization's mission or most significant activities: PROVID	ING SOCIA	AL SERVICES FOR			
Activities & Governance		FAMILIES AND INDIVIDUALS IN NEED IN THE ROCKY MOUNTAIN REGIO					
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.		
Ş.				3	18		
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			18		
တ္		Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)			147		
iţie		Total number of volunteers (estimate if necessary)			4167		
휺		Fotal unrelated business revenue from Part VIII, column (C), line 12			0,		
Þ		Net unrelated business taxable income from Form 990-T, line 34			0.		
		tot amounted basiness taxable moone north offiness 1, into 54		Prior Year	Current Year		
•	8 (Contributions and grants (Part VIII, line 1h)		2,101,064.	2,129,447.		
Revenue		Program service revenue (Part VIII, line 2g)		10,196,359.	9,312,754.		
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,559.	25,328.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-68,543.	-60,420.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,241,439.	11,407,109.		
				3,766,580.	3,322,369.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,504,072.	5,502,649.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
oeu		Fotal fundraising expenses (Part IX, column (A), line 25)	999.	••	٠,		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,299,133.	2,132,317.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,569,785.	10,957,335.		
				671,654.	449,774.		
-SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Fotal coacta (Part V. line 16)		2,727,989.	3,190,177.		
Asse Bal		Fotal assets (Part X, line 16)		859,183.	867,691.		
let/ und		Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,868,806.	2,322,486.		
		Signature Block		1,000,000.	2,322,100.		
		ties of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ente and to the heet of m	v knowledge and helief it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of wi			y Kilowicago alla bolici, it is		
11 40,	001100	, and complete. Decided on property (office than officer) is based on an information of wi	inon propuror	nas any knowleage.			
Sigi	.	Signature of officer		Date			
		JAMES BARCLAY, CEO/PRESIDENT					
Her	=	Type or print name and title					
		Print/Type preparer's name Preparer's signature	, [Date Check	PTIN		
Paid	ļ	CRAIG R. CHOUN		1/29/2012 off-employ			
	arer	Firm's name EHRHARDT KEEFE STEINER & HOTTAL PC		84-0869721			
Use				Firm's EIN	04 0002/ZI		
036	Jiiiy	Firm's address 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843		Phone no. 30	03-740-9400		
Max	tho IE	S discuss this return with the preparer shown above? (see instructions)		Ti liolie iio. 30	X Yes No		

Form	990 (2011) LUTHERAN SOCIAL SERVICES OF COLORADO	84-0775550	Page 2
	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	LUTHERAN FAMILY SERVICES IS A MINISTRY THAT RESPONDS TO THE VULNERABLE		
	WITH THE COMPASSION OF CHRIST BY PROVIDING SOCIAL SERVICES FOR		
	FAMILIES AND INDIVIDUALS IN NEED IN THE ROCKY MOUNTAIN REGION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2		Г	Yes X No
	the prior Form 990 or 990-EZ?	L	Yes No
_	If "Yes," describe these new services on Schedule O.	, г	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	′ L	Yes ∟≙No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and alloc	cations to
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,812,535. including grants of \$1,780,469.) (Rever	nue \$	4,560,782.
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$4,280,601. including grants of \$1,480,591.) (Rever	nue \$	4,225,950.)
	REFUGEE RESETTLEMENT SERVICES: LFSRM IS THE LARGEST RESETTLEMENT		
	AGENCY IN THE ROCKY MOUNTAIN REGION. IN COOPERATION WITH THE US STATE		
	DEPARTMENT, WE WELCOME APPROXIMATELY 700 REFUGEES TO COLORADO AND NEW		
	MEXICO EACH YEAR FROM WAR TORN COUNTRIES AROUND THE WORLD. IN ADDITION,		
	WE SERVE UP TO ANOTHER 600 "SECONDARY MIGRANTS" AND ASYLEES (ASYLUM		
	SEEKERS) WHO MOVE TO COLORADO FOR FAMILY REUNIFICATION AND/OR		
	EMPLOYMENT FROM OTHER US CITIES WHERE THEY WERE FIRST RESETTLED. LFSRM		
	CURRENTLY PROVIDES INITIAL RESETTLEMENT PROGRAMS IN FT. COLLINS,		
	GREELEY, FT. MORGAN, DENVER, COLORADO SPRINGS AND ALBUQUERQUE, NM AND		
	WE CONTINUE TO MANAGE THE WELCOME OF SECONDARY MIGRANTS FOR THE STATE		
	OF MONTANA.		
4-	7		216 246 \
4C	(Code:) (Expenses \$ 396,527. including grants of \$ 15,191.) (Rever	nue \$	216,346.
	BIRTH PARENT COUNSELING AND ADOPTIONS: THE PROGRAM MAINTAINS STRONG		
	CONTRACTS WITH INTERNATIONAL CONTRACTORS FOR HOME STUDIES AND POST		
	PLACEMENT VISITS. THE CURRENT LEADING COUNTRY FOR INTERNATIONAL		
	ADOPTIONS IS ETHIOPIA AND WE CONTINUE TO FOLLOW PLACEMENTS FROM CHINA,		
	RUSSIA, GUATEMALA, DARFUR AND THE SUDAN. LFSRM ALSO CONTRACTS FOR		
	DOMESTIC INFANT ADOPTIONS, DESIGNATED ADOPTIONS AND KINSHIP ADOPTIONS.		
	THE PROGRAM HAS CONTINUED TO PARTICIPATE IN A FEDERAL GRANT FOR THE		
	INFANT ADOPTION TRAINING INITIATIVE WHICH SEEKS TO TRAIN AND INFORM		
	HOSPITAL SOCIAL WORKERS, STATE AND COUNTY CHILD WELFARE WORKERS, NURSES		
	AND ALL THOSE ENCOUNTERING YOUNG WOMEN FACING AN UNINTENDED PREGNANCY		
	HOW TO ADDRESS THE OPTION OF ADOPTION. PREGNANCY COUNSELING SERVICES		
	PROVIDE SUPPORT FOR WOMEN FACING UNINTENDED PREGNANCIES.		
40	Other program services (Describe in Schedule O.)	200 676	
_	(Expenses \$ 638,106. including grants of \$ 46,118.) (Revenue \$	309,676.)
40	1 0 TO 1 D TO G TO TO 1 O TO 1		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	000	

Form 990 (2011) LUTHERAN SOCIAL SERVICES OF Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) LUTHERAN SOCIAL SERVICES OF COLORADO Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter 0-if not applicable 1a 579 1b 570 1b 570 1c 570		Check if Schedule O contains a response to any question in this Part V								
tale the number reported in Bax 3 of Form 1006. Enter-0° in not applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No			
b Enter the number of Forms W.26 included in line 1a. Enter o. If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Etter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a IX b If Yes, *has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3b If Yes, *this it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3b If Yes, *this it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3b If Yes, *this it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3c If Yes, *this it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3c If Yes, *this it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3c If Yes, *this it is a foreign country (such as a bank account, so-cribe foreign Bank and Financial Accounts. 4c If Yes, *this is not a foreign country or provide an explanation and provide an explanation of the tax shell returns the schedule of the Yes, *this is not a party to a prohibited tax shelter transaction? 5c If Yes, *this is not 5a, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *this is not 5a, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *this is not a foreign country that done not have the schedule of the Yes, *this is not a schedule organization and years organization an express statement that such contributions or grits were not tax deductible? 5c				0						
2a Elett the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IV the vegenal control of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b IV **No.** I has it filed a Form 990-T for this year? If *No.** provide an explanation in Schedule O 3b IV **Yes,** has it filed a Form 990-T for this year? If *No.** provide an explanation in Schedule O 3b If *Yes,** than 1 and a foreign country.* See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited in twas or is a party to a prohibited tax shelter transaction? 5b IV *Yes,** to line Sa or Sb, did the organization file form 8888 17 6c IV *Yes,** to line Sa or Sb, did the organization file form 8888 17 6d Does the organization and provide the very solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible? 8 b If Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations shart may receive deductible? 8 b IV *Yes,** did the organization notify the donor of the value of the goods or services provided to the payor? 7 a X is a little for a promise than 1 and 1	С			ble gaming						
filed for the calendary over ending with or within the year covered by this return. 147 2a		(gambling) winnings to prize winners?			1c	х				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business pross income of \$1,000 or more during the year? 3b If Yes, * has it filed a Form 990-T for this year? If * No.* provide an explanation in Schedule O 3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5b If * Yes,* inter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If * Yes,* it oline 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If * Yes,* it oline 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If * Yes,* it oline 5a or 5b, did the organization include with every solicitation any contributions and the remarkable of the party of a prohibited tax shelter transaction? 5c If * Yes,* it oline 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8 If * Yes,* it did the organization include with every solicitation and party for goods and services provided to the payor? 7 organizations that many receive deductible contributions under section 170(c). 8 If * Yes,* indicate the number of Forms B282 filed during the year 9 If the organization received a contribution of qualified intellectual property, did the organization free forms 170 files the payon	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of 51,000 or more during the year? 3b If 1'Yes, "In still field a Form 950 Tor this year? If "No, "provide an explanation in Schedule O 3b If Yes," set it filed a Form 950 Tor this year? If "No, "provide an explanation in Schedule O 3b If Yes," enter the name of the foreign country. ▶ 5b If Yes," enter the name of the foreign country. ▶ 5ce instructions for filing requirements for Form 1D F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen on tax deductible? 5b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes, "did the organization nortify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8b If Yes," indicate the number of Forms 828? filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 10 Did the organization received an ontify the donor of the value of the goods or services provided? 7 To X 9 If Yes, "indicate the number of Forms 828? filed during the year 9 Paintain organization received an contribution of qualified intellectual property, did the organization file a Form 1086.C? 8 Spensoring organization maintaining down advised funds and section 599(a)(3) supporting organization file Form 899 as required? 9 If the organization received an contribution of contribution of indirectly, no a personal benefit contract? 7 To X 9 Spensoring organizations maintaining down advised funds and section 599(a		filed for the calendar year ending with or within the year covered by this return	2a	147						
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х				
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations maintaining donor advised funds. Did the organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did by the organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one s	4		74	 [76		71			
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				l .	142		Х			
						990 ((2011)			

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.

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	

Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		18					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other						
	officer, director, trustee, or key employee?				2		Х		
3	Did the organization delegate control over management duties customarily performed by or under th			on					
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		Х		
6	Did the organization have members or stockholders?				6	Х			
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?				7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:						
а	The governing body?				8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)						
						Yes	No		
	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	-			401				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y beit	re illing the	: IOIIII?	11a	Λ			
	Didd of the state				12a	х			
b					12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				120				
Ŭ	in Schedule O how this was done				12c	х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approve								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	х			
	Other officers or key employees of the organization				15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	with a						
	taxable entity during the year?				16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation	า					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE					_			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sec	tion 501(c)(3	3)s only) a	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest p	oolicy, an	d finar	icial			
00	statements available to the public during the tax year.		and C		o				
20	State the name, physical address, and telephone number of the person who possesses the books a KATE KELSAY - 303-922-3433	na rec	oras of the	organiza	tion:				
	363 S. HARLAN STREET, DENVER, CO 80226								

132006 01-23-12

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.

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JENNIFER BICK	1 00	ļ.,								
VICE-CHAIR RESOURCE DEVELOPMENT COMM (2) PHYLLIS EIFLER	1.00	Х		Х				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(3) REV. DR. KEITH HEDSTROM	1.00	^						0.	0.	<u> </u>
VICE-CHAIR BOARD DEVELOPMENT COMMITT	1.00	x		x				0.	0.	0.
(4) REV. DOUGLAS HILL	1.00							· ·		
DIRECTOR	1.00	x						0.	0.	0.
(5) REV. ANN HULTQUIST	-									
VICE-CHAIR PROGRAM SERVICES COMMITTE	1.00	х		х				0.	0.	0.
(6) DR. WILLIAM AYEN										
DIRECTOR	1.00	х						0.	0.	0.
(7) RON MCFARLAND										
DIRECTOR	1.00	Х						0.	0.	0.
(8) KATHERINE CRUSON										
DIRECTOR	1.00	Х						0.	0.	0.
(9) TODD LAURIE										
DIRECTOR	1.00	Х						0.	0.	0.
(10) DEBBIE PAYNE										
SECRETARY	1.00	Х		Х				0.	0.	0.
(11) MIKE PORTER										
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(12) KAREN SPIES										
DIRECTOR	1.00	Х						0.	0.	0.
(13) WILL SCHIPPERS	1 00	x		х				0.	0.	0
VICE-CHAIR BOARD FINANCE COMMITTEE (14) JIM SWAEBY	1.00	X	-	X				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) DOUGLAS EISENBRANDT	1.00	Δ						· · · · · · · · · · · · · · · · · · ·	0.	
DIRECTOR	1.00	x						0.	0.	0.
(16) KARL BERG	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(17) ALANA HANKINS	-						t			
DIRECTOR	1.00	х						0.	0.	0.

132007 01-23-12

Form 990 (2011) LUTHERAN SOC.									04-0775	1550		P	age o
Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mpl	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than	th an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	of
	(describe hours for related organizations in Schedule O)	-	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the	organizations (W-2/1099-MIS	s	fr org an	pensa rom the anizat d relat anizati	ation e tion ted
(18) KEITH LASHIER		 -	┢		×	1 0	<u> </u>						
DIRECTOR	1.00	х						0.		0.			0.
(19) JAMES BARCLAY													
CEO/PRESIDENT	40.00			Х				181,783.		0.		7,	,100.
(20) JANE POPE MEEHAN													
VP OF DEVELOPMENT	40.00			Х				109,394.		0.		9 ,	,011.
(21) HEIDI HENDRICKS													
VP OF PROGRAMS	40.00			Х				97,874.		0.		4,	,744.
(22) KATE KELSAY													
VP OF FINANCE & ADMIN	40.00			Х				108,168.		0.		9 ,	,011.
(23) JAMES HORAN													
VP - REFUGEE SERVICES	40.00			Х				86,407.		0.		8,	,833.
1b Sub-total						▶		583,626.		0.		38,	,699.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 583,626.		0.		38	0. ,699.
2 Total number of individuals (including but r							ho r	received more than \$100	0,000 of reportabl	e			
compensation from the organization												Yes	No
Did the organization list any former officer.	director or tw	uoto	م ارد				٥.	highest companyated a	malayaa aa	ſ		103	110
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	•	•					3		Х
4 For any individual listed on line 1a, is the su								ther compensation from			3		
and related organizations greater than \$15									the organization		4	Х	
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," com	-				-		o.a.	tod organization or mark	14441 101 001 11000		5		х
Section B. Independent Contractors	,												
Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	npens	ation	from	
the organization. Report compensation for										-			
(A) Name and business		NO						(B) Description of s)) Sompe	C) nsatio	n
											•		
2 Total number of independent contractors (ncluding but r	not li	mite	ed to	tho	se li	ster	d above) who received n	nore than				
\$100,000 of compensation from the organi		.5. 11			., 10	0	٥						

Pa	rt VI	II Statement of Reven	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1 2	Federated campaigns	1a	346,407.				,
au au	1 a		4.	010,107.				
۵ۜٙڐ		Membership dues Fundraising events		347,529.				
ifts ar A				,				
n Gill		Related organizationsGovernment grants (contribution)						
Sir	f	All other contributions, gifts, grant	<i>'</i>					
토	'	similar amounts not included abov		1,435,511.				
Ę,	,	Noncash contributions included in lines		235,169.				
Contributions, Gifts, Grants and Other Similar Amounts	e h	Total. Add lines 1a-1f		-	2,129,447.			
<u> </u>		Total Add lines 12 11		Business Code	, , , , , ,			
Ф	2 a	FEES AND CONTRACTS FRO		624100	8,891,074.	8,891,074.		
Program Service Revenue	- b	PROGRAM SERVICE		624100	421,680.	421,680.		
Ser		·				,		
ž Š	c							
ğ	e							
P		All other program service reve	nue					
		Total. Add lines 2a-2f			9,312,754.			
	3	Investment income (including						
		other similar amounts)		>	18,445.			18,445.
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents	480.					
	b	Less: rental expenses	0.					
	c	Rental income or (loss)	480.					
	c	Net rental income or (loss)			480.			480.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	151,532.	4,503.				
	b	Less: cost or other basis	140 150					
		and sales expenses	149,152.	0. 4,503.				
		Gain or (loss)			6,883.			6,883.
		Net gain or (loss) Gross income from fundraising		>	0,003.			0,003.
Other Revenue	8 8	including \$ 347	529 of					
Ş.		contributions reported on line						
æ		Part IV, line 18	•	53,377.				
ţ	h	Less: direct expenses		137,672.				
Ó		: Net income or (loss) from fund		>	-84,295.			-84,295.
		Gross income from gaming ac			,			,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
	C	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	е	Business Code				
	11 a	HUD REFERRAL		900099	15,846.	15,846.		
	b	OTHER		900099	7,549.	7,549.		
	c							
		All other revenue			22.22-			
		Total. Add lines 11a-11d			23,395.	0.226.440		F0 40F
	12	Total revenue. See instructions.			11,407,109.	9,336,149.	0.	-58,487.

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 no	Check if Schedule O contains a respons ot include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
-	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	3,322,369.	3,322,369.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	624,466.	228,927.	284,983.	110,55
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	4,045,805.	3,360,121.	431,892.	253,79
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	91,224.	64,583.	18,177.	8,46
9	Other employee benefits	366,263.	305,338.	39,971.	20,95
0	Payroll taxes	374,891.	284,538.	60,671.	29,68
1	Fees for services (non-employees):				
а	Management				
b	Legal	5,516.	1,316.	4,200.	
C	Accounting	31,564.	25,551.	4,309.	1,70
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	382,459.	267,691.	113,914.	85
12	Advertising and promotion	104,036.	56,758.		47,27
	Office expenses	136,679.	120,474.	13,072.	3,13
4	Information technology	76,736.	11,468.	58,700.	6,56
15	Royalties				
16	Occupancy	632,854.	536,857.	73,991.	22,00
7	Travel	232,775.	195,439.	25,896.	11,44
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	39,776.	27,528.	6,972.	5,27
20	Interest	111.	107.	4.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,097.	20,685.	11,339.	7
3	Insurance	98,635.	77,113.	16,795.	4,72
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	EQUIPMENT RENTAL AND MA	129,802.	49,507.	73,154.	7,14
b	TELEPHONE AND DATA	103,271.	93,010.	6,526.	3,73
С					
d					
	All other expenses	126,006.	78,389.	28,001.	19,61
	Total functional expenses. Add lines 1 through 24e	10,957,335.	9,127,769.	1,272,567.	556,99
	Joint costs. Complete this line only if the organization	. ,	. ,	, ,	· ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011) 84 - 0775550Part X | Balance Sheet (A) (B) End of year Beginning of year 576.090. 797.013. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 352,251, 410,670. 2 2 Pledges and grants receivable, net 646.007. 640,883. 3 3 562,025. 449,454. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 52,410. 56,315. 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 203,488. 601,788. b Less: accumulated depreciation _______10b 207,207. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 632,354. Other assets. See Part IV, line 11 331,999 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 2.727.989 3 190 177. 16 16 690,880. Accounts payable and accrued expenses _____ 676,311. 17 17 Grants payable 18 18 101,949 94.938. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 80,923. 81,873. Schedule D 25 859,183. 867,691. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,640,293 2,143,611. Unrestricted net assets 27 27 Temporarily restricted net assets 228,513. 178,875. 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

Form **990** (2011)

2,322,486.

3,190,177.

30

31

32

33

34

1,868,806.

2,727,989.

31

32

33

complete lines 30 through 34.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form	1990 (2011) LUTHERAN SOCIAL SERVICES OF COLORADO	84-	0775550	Pa		ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11	,407	<u>,109.</u>
2	2 Total expenses (must equal Part IX, column (A), line 25)				,957	,335.
3	Revenue less expenses. Subtract line 2 from line 1	3			449	,774.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1		,806.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			3	,906.
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		2	,322	,486.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	Were the organization's financial statements audited by an independent accountant?		ī	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit			
	Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	х	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF COLORADO

Employer identification number

84-0775550 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). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: 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). 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.) 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). 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. **b** Type II c Type III - Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization organization in col. in col. (i) listed in your organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		i				
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
<u> </u>	organization, check this box and stop						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2011 (I					14	%
	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop I	here. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explair	n in Part IV how the	e
	organization meets the "facts-and-circ						▶⊟
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2011

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	, ,	,				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
						>
Section C. Computation of Publi						
15 Public support percentage for 2011 (li					15	<u>%</u>
16 Public support percentage from 2010					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2011. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
garnzation			, ,			······

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

I	UTHERAN SOCIAL SERVICES OF COLORADO	84-0775550				
Organization type (check	c one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m nplete Parts I and II.	oney or property) from any one				
Special Rules						
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> 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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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.						
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule I on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

LUTHERAN	SOCIAL SERVICES OF COLORADO		84-0775550
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$267,37	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$163,60	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$135,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$69,19	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$64,83	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$55,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional snace is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$55,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		- \$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$17,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$16,308.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$14,170.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$13,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$12,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$12,075.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$11,088.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10,990.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$10,920.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	10,569.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
32		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
33		\$_	10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
34		\$_	9,990.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
35		\$_	9,570.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
36		\$_	8,965.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)

			_
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$6,670.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

LUTHERAN SOCIAL SERVICES OF COLORADO

84-0775550

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$6,545.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,118.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$6,080.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$6,050.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$6,019.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

LUTHERAN	SOCIAL SERVICES OF COLORADO	84	-0775550
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,325.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

LUTHERAN SOCIAL SERVICES OF COLORADO

84-0775550

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
	ITEMS FOR REFUGEE PROGRAM	_						
14		-						
		\$6,370.	08/22/11					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
	IN-KIND ITEMS FOR REFUGEE PROGRAM	_						
18		-						
		\$\$	11/28/11					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
	IN-KIND ITEMS FOR REFUGEE PROGRAM AND	_						
19	AFRICAN AMERICAN CARE MGMT. SOLUTIONS	-						
		\$\$6,150.	11/28/11					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
	IN-KIND ITEMS FOR REFUGEE PROGRAM							
29		-						
		\$\$	05/17/12					
(a) No.	(b)	(c)	(d)					
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received					
Part I	IN-KIND ITEMS FOR REFUGEE PROGRAM	, ,						
31		[
		\$\$	12/14/11					
(a)		(c)						
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received					
Part I	Description of noricasti property given	(see instructions)	Date received					
2.0	IN-KIND ITEMS FOR REFUGEE PROGRAM	-						
32		-						
		i						

LUTHERAN SOCIAL SERVICES OF COLORADO

84-0775550

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additiona	Il space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) see instructions)	(d) Date received
35	IN-KIND ITEMS FOR REFUGEE AND DEVELOPMENT PROGRAMS			
		\$	1,545.	07/13/11
(a) No. from	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
Part I	IN-KIND ITEMS FOR REFUGEE PROGRAM	,	see instructions)	
36		\$	5,465.	08/10/11
(a) No. from Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
39	IN-KIND ITEMS FOR REFUGEE PROGRAM			
		\$	125.	08/09/11
(a) No. from Part I	(b) Description of noncash property given	1	(c) MV (or estimate) see instructions)	(d) Date received
40	IN-KIND ITEMS FOR REFUGEE AND CARE MGMT. SOLUTIONS PROGRAMS			
		\$	3,100.	08/10/11
(a) No. from Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
43	IN-KIND ITEMS (OFFICE FURNITURE) FOR LUTHERAN FAMILY SERVICES' OFFICE			
		\$	4,800.	04/05/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) see instructions)	(d) Date received
44	IN-KIND ITEMS FOR THE REFUGEE PROGRAM			
		\$	5,500.	11/28/11 90, 990-EZ, or 990-PF) (20

LUTHERAN SOCIAL SERVICES OF COLORADO

84-0775550

	additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
IN-KIND ITEMS FOR THE REFUGEE PROGRAM		
	\$550.	08/10/11
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
IN-KIND DONATION FOR FOSTER CARE		
	\$500.	12/19/11
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
IN-KIND DONATIONS FOR REFUGEE AND DEVELOPMENT PROGRAMS		
	\$1,272.	07/13/11
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
IN-KIND DONATIONS FOR REFUGEE AND CARE MGMT. SOLUTIONS PROGRAMS		
	\$175.	08/09/22
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
IN-KIND CONTRIBUTION FOR REFUGEE PROGRAM		
	\$500.	10/07/11
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given IN-KIND DONATION FOR FOSTER CARE PROGRAM (b) Description of noncash property given IN-KIND DONATIONS FOR REFUGEE AND DEVELOPMENT PROGRAMS (b) Description of noncash property given IN-KIND DONATIONS FOR REFUGEE AND DEVELOPMENT PROGRAMS (b) Description of noncash property given IN-KIND DONATIONS FOR REFUGEE AND CARE MGMT. SOLUTIONS PROGRAMS (b) Description of noncash property given IN-KIND CONTRIBUTION FOR REFUGEE PROGRAM (b)	Description of noncash property given IN-KIND ITEMS FOR THE REFUGEE PROGRAM (b) Description of noncash property given IN-KIND DONATION FOR FOSTER CARE PROGRAM (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) IN-KIND DONATIONS FOR REFUGEE AND DEVELOPMENT PROGRAMS (b) Description of noncash property given (c) FMV (or estimate) (see instructions) IN-KIND DONATIONS FOR REFUGEE AND DEVELOPMENT PROGRAMS (b) Description of noncash property given (c) FMV (or estimate) (see instructions) IN-KIND DONATIONS FOR REFUGEE AND CARE MGMT. SOLUTIONS PROGRAMS (c) FMV (or estimate) (see instructions) IN-KIND DONATIONS FOR REFUGEE AND CARE MGMT. SOLUTIONS PROGRAMS (b) Description of noncash property given (c) FMV (or estimate) (see instructions) IN-KIND CONTRIBUTION FOR REFUGEE PROGRAM (b) Description of noncash property given (c) FMV (or estimate) (see instructions)

Name of orga	Inization	Employer identification number		
Part III	SOCIAL SERVICES OF COLORADO Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	vidual contributions to section 50 he following line entry. For organiz c., contributions of \$1,000 or less	11(c)(7), (8), or (ations completing for the year.	84-0775550 (10) organizations that total more than \$1,000 for the g Part III, enter er this information once.) \$\\$\\$\\$\$
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		ionship of transferor to transferee
(a) No.	(In) Dump on a facility	(a) Use of rift		(d) Description of hour wift is held
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of		ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		ionship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF COLORADO

Employer identification number 84-0775550

Par	t 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	i.	
		(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 wri	ting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or c		
Par			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d 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
а	Total number of conservation easements		2a
b	-		•
С	Number of conservation easements on a certified historic structure	2c	
d	Number of conservation easements included in (c) acquired after	ure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
D.	conservation easements.	Not Illiatorical Transcruss or O	the au Cincilau Acceta
Par	t III Organizations Maintaining Collections of A		tner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	· ·	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pul	blic 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 treasure in the control of the con	·	ı gaın, provide
	the following amounts required to be reported under SFAS 116		.
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 🕏

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures,	or Oth	er Simil	ar Asse	ts (cont	inued))	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following the	at are a s	significant	use of its	collectio	n item	ıs	
	(check all that apply):										
а	Public exhibition	d	Loan or exc	change progr	ams						
b	Scholarly research	е	Other								
С	c Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizat	ion's exe	empt purpo	ose in Par	t XIV.			
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	t IV Escrow and Custodial Arran							line 9, or			
	reported an amount on Form 990, Par		J					,			
	Is the organization an agent, trustee, custod	an or other intermed	liary for contributio	ns or other a	ssets not	t included					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:								
_	gg							Amoun	t		
c	Beginning balance					1c		,			
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe	orm 990 Part X line	212					Yes		No	
	If "Yes," explain the arrangement in Part XIV.		Z1:					_ 103		_ 110	
Pai			swered "Yes" to Fo	orm 990. Part	IV. line	10.					
		(a) Current year	(b) Prior year	(c) Two year			ears hack	(e) Fou	r vears	hack	
12	Beginning of year balance	714,794.	585,564	<u> </u>	8,358. 600,430			` '	youro	Buon	
	Contributions	,	,	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		49,507.	129,230	1	60,000 0,18941,187						
	Net investment earnings, gains, and losses	45,507.	125,250	\	0,100.	11,107					
	Grants or scholarships										
е	Other expenditures for facilities			,	2,983.		20,885.				
	and programs				2,903.		20,003.				
	Administrative expenses	764 201	714 704	F.0	F F.C.4	_	00 250				
g	End of year balance	764,301.	714,794	-	5,564.		98,358.				
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:							
	Board designated or quasi-endowment		_%								
	Permanent endowment 100.00	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administe	ered for t	the organiz	zation				
	by:								Yes	No	
	(i) unrelated organizations							3a(i)	Х		
	(ii) related organizations							3a(ii)	Х		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					. 3b	Х		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ient. See Form 990	, Part X, line 10.								
	Description of property	(a) Cost or of basis (investment)	1	t or other (other)		ccumulate preciation		(d) Boo	k valu	е	
1a	Land										
	Buildings			249,151.		126,	396.		122,	755.	
	Leasehold improvements			58,930.		54,	402.		4,	528.	
	Equipment			367,041.		293,	184.		73,	857.	
	Other			130,154.		127,	806.		2,	348.	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			>		203,	488.	

Part VII	Investments - Other Securities.	See Form 990, Part X, li	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuate or end-of-year mark	
(1) Financi	al derivatives				
	r-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Col (I	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	Cos	(c) Method of valuate or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	b) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, li			+	(h) Deelesselse
		(a) Description			(b) Book value
	POSITS				32,354
	TERCOMPANY RECEIVABLE				600,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	man (h) must acual Form 000. Part V acl (P)	line 15 \			632,354
Part X	umn (b) must equal Form 990, Part X, col (B) of Other Liabilities. See Form 990, Part			······	032,334
	(a) Description of liability	A, III le 25.	(b) Book value		
1.	***		(b) DOOK VAILE		
	deral income taxes OUNTS HELD FOR OTHERS		01 072		
	CONIS HELD FOR CIRERS		81,873.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	(A)	(' 05)	04 050		
Total. (Colu FIN 48 (A: 2. FIN 48 (A:	umn (b) must equal Form 990, Part X, col (B) of SC 740) Footnote: in Part XIV, provide the text of the footnot SC 740).	te to the organization's financial	81,873.	zation's liability for uncertain	n tax positions under

2. FIN 4 132053 01-23-12

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Stat	ements	
1	Total	revenue (Form 990, Part VIII, column (A), line 12)		1		11,407,109.
2	Total	expenses (Form 990, Part IX, column (A), line 25)				10,957,335.
		ss or (deficit) for the year. Subtract line 2 from line 1				449,774.
		nrealized gains (losses) on investments				4,353.
5	Dona	ted services and use of facilities		5		
		tment expenses				
		period adjustments				
8		r (Describe in Part XIV.)				-447
9	Total	adjustments (net). Add lines 4 through 8	9		3,906.	
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 an			_	453,680.
		Reconciliation of Revenue per Audited Financial Stateme				
		revenue, gains, and other support per audited financial statements			1	11,450,128.
		unts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
		nrealized gains on investments		4,353		
		ted services and use of facilities				
		veries of prior year grants				
		r (Describe in Part XIV.)	2d	38,666	<u>. </u>	
		ines 2a through 2d			2e	43,019.
		ract line 2e from line 1			3	11,407,109.
		unts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
		tment expenses not included on Form 990, Part VIII, line 7b				
		r (Describe in Part XIV.)	4b		_	
		ines 4a and 4b			4c	0.
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,407,109.
		Reconciliation of Expenses per Audited Financial Statem				
		expenses and losses per audited financial statements			1	10,996,448.
		unts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
		ted services and use of facilities			_	
		year adjustments			_	
C		r losses		39,113		
		r (Describe in Part XIV.)			_	39,113,
		ines 2a through 2d			2e 3	10,957,335.
		ract line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1 :			3	10,337,333
		tment expenses not included on Form 990, Part VIII, line 7b	4a			
					-	
		r (Describe in Part XIV.) ines 4a and 4b			10	0.
		expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			4c 5	10,957,335,
		Supplemental Information] 3]	10,337,333
		his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	L linos 1a an	ud 1: Part IV lines	1h and 2h:	Part V. lino 4: Part
		art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	•		,	, ,
,	,	LINE 4: LUTHERAN FAMILY SERVICES OF COLORADO FOUNDATION IN	•	t to provide arry a	aditional in	omation.
	.,		,			
A RE	LATEI	O ORGANIZATION, HOLDS ASSETS IN ENDOWMENT FUNDS. THE ENDOW	MENTS			
		'				
CONS	IST C	OF VARIOUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF P	URPOSES.			
PART	х, і	LINE 2: THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT				
MEAS	UREME	ENT METHODOLOGY TO REFLECT THE FINANCIAL STATEMENT IMPACT (OF			
UNCE	RTAIN	N TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RET	URN.			
AFTE:	R EVA	ALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO B	Ε			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2011

Name of the organization LUTHERAN SOCIAL SERVICES OF COLORADO					Employer identification number 84-0775550		
Francisco Astrolates	Complete if the organization answer	ered "Y	'es" to	Form 990. Part IV.	ine 1		' filers are not
required to complete this part	t.					7.1 OIIII 990-LZ	. Illers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P. If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includ	non-governising of onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotol							
Sample of the organization or licensing.	n is registered or licensed to solicit		utions	s or has been notified	d it is	exempt from re	egistration

132081 01-23-12

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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.

		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			METRO GALA	INNKEEPER DINNER	6	(add col. (a) through col. (c))			
ē			(event type)	(event type)	(total number)	COI. (C)			
Revenue	1	Gross receipts	144,334.	78,556.	175,313.	398,203.			
	2	Less: Charitable contributions	127,834.	68,676.	148,314.	344,824.			
	3	Gross income (line 1 minus line 2)	16,500.	9,880.	26,999.	53,379.			
	4	Cash prizes							
ses	5	Noncash prizes	13,149.	19,922.	6,042.	39,113.			
Direct Expenses	6	Rent/facility costs	15,627.	672.	22,162.	38,461.			
	7	Food and beverages		5,460.	16,827.	22,287.			
	8	Entertainment	3,140.		4,275.	8,778.			
	9	Other direct expenses	3,051.	2,006.	12,491.	17,548.			
	10					(126,187)			
Pa	11	Net income summary. Combine line 3, column Gaming. Complete if the organization a	n (d), and line 10	990 Part IV line 19 or r	reported more than	-72,808.			
		\$15,000 on Form 990-EZ, line 6a.	answered res to roini	330, 1 art 10, iii 10 13, 01 1	eported more than				
_		\$10,000 011 0111 000 EE, iiilo 00.	() 5:	(b) Pull tabs/instant	() 011	(d) Total gaming (add			
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
<u> </u>	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()			
	8 Net gaming income summary. Combine line 1, column d, and line 7								
9	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? b If "No," explain:								
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	year?	Yes No			
	_								
	_								

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 LUTHERAN SOCIAL SERVICES OF COLORADO 64-07	75550		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	└── No
	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:			
		120		0/
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Name ▶			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\sum_{			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of convices provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	5 01		Yes	☐ No
	retain the state gaming license?		163	110
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 ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) 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	n (see i	nstruc	tions).
_				

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

Open to Public Inspection

Name of the organization	Employer identification number						
	AL SERVICES OF	COLORADO					84-0775550
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to		-					
recipient that received more than	\$5,000. Check this	box if no one recipier	nt received more th	nan \$5,000. Part II	can be duplicated if	additional space is nee	eded
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	ınd government or	ganizations listed in th	ne line 1 table	<u> </u>			>
3 Enter total number of other organization		4.4-1-1-					>

(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
LIVING EXP/CRADLE CARE - ADOPTION	29	14,243.	0.		
CASEWORKER SERVICES - FC	13	0.	56,368.	PMV	CASEWORKER
CASH ASSISTANCE - REFUGEE	898	1,108,425.	0.		
RESPITE FOR FOSTER PARENTS	65	9,327.	0.		
RESPITE FOR CARE GIVERS - CMS	22	21,088.	0.		
Part IV Supplemental Information. Complete this part to prov	ide the informatio			additional information.	
SCHEDULE I, PART I, LINE 2: LFSRM WORKS IN CONJUNC	TION WITH COU	NTY SOCIAL			
SERVICE AGENCIES TO SET THE REIMBURSEMENT RATE AND	PROVIDE FOST	ER CARE			
ASSISTANCE, THE STATE OF COLORADO AND COUNTY AGENC	TES OVERSEE T	HE FOSTER			
HOME SITUATIONS.					

Scriedule I (Form 990)					or officer Fage
Part III Continuation of Grants and Other Assistance to Inc	dividuals in the Unit	ed States (Schedule	e I (Form 990), Part II	II.)	
(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
ESL CLASSES/SOFTWARE - REFUGEE	11.	0.	9,793.	FMV	CLASSES
			6.000		
FOOD COUPONS/FOOD BANK - REFUGEE	34.	0.	6,829.	FMV	COUPON/FOOD
FURNISHINGS - REFUGEE	381.	0.	17,436.	IPMS7	FURNISHINGS
I OMITALINE MET COLL	301.		17,130.		- OIMIDMINOD
HEALTH SERVICES - REFUGEE	18.	0.	2,081.	FMV	MEDICAL
			,		
HOUSING/UTILITIES - REFUGEE	898.	0.	124,991.	FMV	RENT/UTIL
FOSTER CARE PARENT ALLOWANCES	130.	1,417,919.	0.		
TELEPHONE SERVICE - REFUGEE	10.	0.	515.	FMV	PHONE
THERAPY EXPENSE - FC	11.	0.	16,892.	FMV	THERAPY
BUSS PASSES- REFUGEE	443.	0.	101,920.	FMV	BUS PASSES

Schedule I (Form 990)	tend of condum				rayı
Part III Continuation of Grants and Other Assistance to Indiv	viduals in the Unit	ed States (Schedule	e I (Form 990), Part II	II.)	
(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
CHILD ENRICHMENT - FC	82.	0.	11,537.		LESSONS
HILD ENRICHMENT - FC	02.		11,557.	FHV	LESSONS
CLOTHING ALLOWANCE - FC	45.	0.	6,181.	FMV	CLOTHING
OTHER SUPPORTIVE SERVICES	0.	0.	214,422.	FMV	SERVICES
HOUSING - URM INDEPENDENT LIVING - FC	19.	0.	182,402.	FMV	HOUSING

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Yes

No

Х

Х

Х

Х

Х

Х

Name of the organization

LUTHERAN SOCIAL SERVICES OF COLORADO

Questions Regarding Compensation

Employer identification number 84-0775550

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х Х c Participate in, or receive payment from, an equity-based compensation arrangement?

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

a The organization?b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

6a

7

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)	181,783.	0.	0.	7,100.	0.	188,883.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

LUTHERAN SOCIAL SERVICES OF COLORADO

Employer identification number 84-0775550

Schedule M (Form 990) (2011)

Types of Property (a) (b) (c) (d) Check if Noncash contribution Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g tems contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests Х 30. FMV Books and publications Х Clothing and household goods 95.487. FΜV Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 30,120. FMV Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 Х 53 54,598. FMV GIFTS 25 Other 301 Other > AUCTION Х 39,112. FM7/ 26 SUPPLIES Х 32 15,822. FMV 27 Other -28 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 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? Х 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **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.

LHA

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

132142 01-23-12 Schedule M (Form 990) (2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization LUTHERAN SOCIAL SERVICES OF COLORADO	Employer identification number 84-0775550
FORM 990, PART I, DOING BUSINESS AS:	
LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS	
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
FOSTER CARE SERVICES: IN FY2012, LFSRM SERVED 274 CHILDREN AND YOUTH	
PER NIGHT IN 165 LICENSED FOSTER HOMES LOCATED ALONG THE FRONT RANGE	
AND EASTERN PLAINS OF COLORADO. THESE CHILDREN CAN BE REFERRED FROM ANY	
OF THE 64 COUNTIES IN COLORADO WHO RETAIN CUSTODY OF THE CHILDREN WHILE	
MANAGING THEIR INDIVIDUAL PERMANENCY PLAN OPTIONS WHICH INCLUDE:	
REUNIFICATION WITH BIOLOGICAL PARENTS; KINSHIP CARE; ADOPTION AND OTHER	
PLANNED PERMANENCY ARRANGEMENTS. LFSRM ALSO PROVIDES FOSTER CARE FOR	
UNACCOMPANIED REFUGEE MINORS (URM) WHO ARE REFERRED THROUGH THE US	
STATE DEPARTMENT OFFICE OF REFUGEE RESETTLEMENT. ALL SERVICES ARE	
REIMBURSED BY THE FEDERAL GOVERNMENT AND THESE CHILDREN/YOUTH CAN	
REMAIN IN FOSTER CARE THROUGH THE AGE OF 21. ONCE CHILDREN REACH THE	
AGE OF 18, THEY HAVE THE OPTION OF ENTERING INTO ONE OF OUR INDEPENDENT	
LIVING PROGRAMS (ILP) WHERE THEY CAN LIVE AND PRACTICE SKILLS NEEDED TO	
SUCCESSFULLY TRANSITION TO SELF-SUFFICIENT ADULTHOOD. THEY MUST REMAIN	
ACTIVELY ENGAGED IN EDUCATION AND/OR EMPLOYMENT WHILE IN ILP. THERE ARE	
CURRENTLY 65 URM YOUTH LIVING IN COMBINED LFSRM FOSTER CARE AND ILP	
PROGRAMS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OLDER ADULT & CAREGIVER SERVICES: THIS PROGRAM PROVIDES SUPPORTIVE	
AND EDUCATIONAL SERVICES FOR OLDER ADULTS WHO ARE LIVING INDEPENDENTLY	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

Name of the organization LUTHERAN SOCIAL SERVICES OF COLORADO	Employer identification number
AND FOR THEIR CARE GIVERS, WHO ARE MOST OFTEN FAMILY MEMBERS, WHO	
ASSIST THEM ON A DAILY/WEEKLY BASIS. LFSRM ALSO PROVIDES THE ONLY	
PROGRAM IN THE NATION THAT SUPPORTS CARE GIVERS IN THE AFRICAN AMERICAN	
COMMUNITY WHO ARE TAKING CARE OF THEIR AGING LOVED ONES. THIS PROGRAM	
IS PRIMARILY FUNDED BY A GRANT FROM DENVER REGIONAL COUNCIL OF	
GOVERNMENTS WHO IDENTIFIED THE UNIQUE NEED FOR SUCH SUPPORT IN THE	
GREATER DENVER METROPOLITAN AREA.	
EXPENSES \$ 374,918. INCLUDING GRANTS OF \$ 45,568. REVENUE \$ 220,510.	
PREVENTION SERVICES/PARENTING EDUCATION & SUPPORT: PROVIDES EDUCATION	
AND SUPPORT FOR FAMILIES WITH CHILDREN AGES TWELVE AND YOUNGER TO	
CREATE SAFE, NURTURING AND STABLE ENVIRONMENTS FOR RAISING CHILDREN AND	
IMPROVING FAMILY RELATIONSHIPS. ON JANUARY 1, 2012, LFSRM ASSUMED	
OPERATIONS OF AN AGENCY PROVIDING SAFE TOUCH BODY SAFETY PROGRAM,	
SUPERVISED VISITATION PROGRAMS AND PARENTING EDUCATION CLASSES IN WELD	
COUNTY, CO, THAT WAS CLOSING ITS DOORS AFTER 35 YEARS. THE COMBINED	
PROGRAMS WILL SERVE 15,000 INDIVIDUALS/YEAR. THE SAFE TOUCH PROGRAM	
ALONE SERVES NEARLY 11,000 ELEMENTARY AGE CHILDREN/YEAR WITH IN-SCHOOL	
PRESENTATIONS IN EVERY ELEMENTARY SCHOOL IN WELD COUNTY.	
EXPENSES \$ 263,188. INCLUDING GRANTS OF \$ 550. REVENUE \$ 89,166.	
FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE SHALL BE	
COMPRISED OF THE CHAIR OF THE BOARD, EACH VICE-CHAIR OF THE BOARD,	
SECRETARY, AND THE PRESIDENT. IT SHALL ACT TO GIVE DIRECTION TO THE BOARD	
AND ITS COMMITTEES. IT SHALL ALSO MANAGE THE AFFAIRS AND PROPERTY OF THE	
CORPORATION BETWEEN REGULAR MEETINGS OF THE BOARD. THE EXECUTIVE COMMITTEE	
SHALL ACT FOR THE BOARD WHEN THE LATTER IS NOT IN SESSION IN REGARD TO THE	
CONDUCT OF URGENT BUSINESS THAT CANNOT WAIT FOR ACTION OF THE BOARD.	

Name of the organization LUTHERAN SOCIAL SERVICES OF COLORADO	Employer identification number 84-0775550
RATIFICATION OF THESE ACTIONS BY THE BOARD IS REQUIRED.	
FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION SHALL HAVE ONE	
CLASS OF MEMBERS WHICH SHALL BE:	
(I) THE ROCKY MOUNTAIN SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN	
AMERICA; AND	
(II) THE ROCKY MOUNTAIN DISTRICT OF THE LUTHERAN CHURCH-MISSOURI SYNOD.	
FORM 990, PART VI, SECTION A, LINE 7A: JURISDICTIONAL UNITS OF LUTHERAN	
CHURCH BODIES WHICH ACCEPT THE PURPOSE OF THIS CORPORATION AND DESIRE	
MEMBERSHIP IN THIS CORPORATION SHALL UPON APPROVAL OF THE BOARD BECOME	
MEMBERS AND SHALL THEREAFTER HAVE THE RIGHT TO APPOINT A PROPORTIONATE	
NUMBER OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD WILL BE GIVEN A FINAL	
DRAFT OF THE 990 PRIOR TO FILING IN ORDER TO OBTAIN ANY INPUT OR	
SUGGESTIONS FOR MODIFICATIONS BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C: DURING THE FIRST QUARTERLY MEETING	
OF THE BOARD OF DIRECTORS EACH CALENDAR YEAR, THE CONFLICT OF INTEREST	
POLICY IS REVIEWED AND ALL MEMBERS ARE REQUIRED TO SUBMIT WRITTEN	
DISCLOSURES OF PERCEIVED, POTENTIAL AND/OR ACTUAL CONFLICTS AS DEFINED IN	
THE POLICY. A REMINDER ABOUT THE CONFLICT OF INTEREST POLICY AND THE	
OPPORTUNITY TO DISCLOSE REMAINS A STANDING PART OF EVERY BOARD MEETING	
AGENDA, FOUR TIMES A YEAR. ALL DISCLOSURES ARE REVIEWED BY THE CHAIR OF THE	
BOARD OF DIRECTORS AND ANY POTENTIAL CONFLICTS ARE THEN BROUGHT BEFORE THE	
EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW AND MITIGATION AS NEEDED, AT	
ANY OF ITS REGULARLY SCHEDULED QUARTERLY MEETINGS.	ahadula O (Farra 200 ay 200 F7) (2014)

Name of the organization LUTHERAN SOCIAL SERVICES OF COLORADO	Employer identification number 84-0775550
FORM 990, PART VI, SECTION B, LINE 15: LFSRM OUTSOURCES MOST HUMAN	
RESOURCES FUNCTIONS TO A PRIVATE VENDOR KNOWN AS FORTE HUMAN RESOURCES	
(FHS). IN 2006, FHS ASSISTED THE LFSRM EXECUTIVE TEAM AND BOARD OF	
DIRECTORS TO ESTABLISH A COMPENSATION PLAN FOR THE ENTIRE AGENCY, WHICH IS	
"MARKET BASED - PERFORMANCE DRIVEN". IT STARTS WITH CURRENT JOB	
DESCRIPTIONS FOR EVERY POSITION THAT HAVE BEEN TIERED INTO 10 LEVELS WITH	
ONLY THE CEO IN THE 10TH LEVEL. EACH LEVEL HAS A LOW, MIDDLE AND HIGH PAY	
SCALE RANGE THAT IS ESTABLISHED BY A FULL MARKET REVIEW USING SEVERAL	
WELL-KNOWN SALARY SURVEYS AND "TESTED" AGAINST OTHER NON-PROFIT AND	
FOR-PROFIT ORGANIZATIONS IN OUR INDUSTRY AREAS. EVERY THREE YEARS A FULL	
MARKET SALARY SURVEY IS REPEATED AND THE LEVELS AND RANGES ARE MODIFIED	
ACCORDINGLY. EVERY YEAR, A COST OF LIVING ADJUSTMENT IS APPLIED TO ALL	
LEVELS. THE MARKET SURVEY WAS DUE TO BE REPEATED IN 2009 BUT BECAUSE THE	
STATE AND NATIONAL ECONOMY HAD SO DISTORTED SALARIES AND WAGES IN THE	
GENERAL MARKETPLACE, THE BOARD ELECTED TO WAIT UNTIL 2010 TO CONDUCT A FULL	
MARKET SURVEY. THE BOARD APPROVES COMPENSATION FOR THE CEO. APPROPRIATE	
DOCUMENTATION OF THE BOARD'S REVIEW OF THE CEO'S COMPENSATION IS MAINTAINED	
BY THE ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ARTICLES AND BYLAWS OF THE	
CORPORATION ARE ON FILE WITH THE COLORADO SECRETARY OF STATE AND ACCESSIBLE	
THROUGH THE FREEDOM OF INFORMATION ACT. THE ORGANIZATION RETAINS A PRIVATE	
AUDIT COMPANY THAT PERFORMS AN INDEPENDENT FINANCIAL AUDIT EVERY YEAR WHICH	
IS PROVIDED TO ALL ENTITIES THAT PROVIDE FUNDING VIA GRANTS OR CONTRACTS;	
AND TO FEDERAL AND STATE REGULATORY BODIES WITH JURISDICTION OVER VARIOUS	
ELEMENTS OF OUR PROGRAMS AND SERVICES. THE COLORADO DEPARTMENT OF HUMAN	_
SERVICES (CODHS) CONDUCTS ANNUAL CHILD WELFARE LICENSING AUDITS THAT	

Name of the organization LUTHERAN SOCIAL SERVICES OF COLORADO		Employer identification number 84-0775550
INCLUDE REVIEW OF OUR GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND E	OARD	
OF DIRECTORS. THOSE AUDITS ARE ALSO ON FILE AT CODHS AND AVAILABLE TO	THE	
PUBLIC UPON REQUEST. THE 18-MEMBERS OF THE BOARD OF DIRECTORS PRACTIC	E A	
FORM OF POLICY-BASED GOVERNANCE AND UTILIZE "BEST PRACTICE" SUCH AS		
SUBMISSION OF ANNUAL CONFLICT OF INTEREST WRITTEN DISCLOSURES, PER PO	LICY;	
WHISTLEBLOWERS POLICY; CODE OF ETHICS POLICY; MONTHLY/QUARTERLY FINAN	CIAL	
STATEMENTS; ETC, WHICH ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST.		
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:		
NET UNREALIZED GAINS ON INVESTMENTS:	4,353.	
CHANGE IN TRUST VALUATION	-447.	
TOTAL TO FORM 990, PART XI, LINE 5	3,906.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011
Open to Public Inspection

Name of the organization

LUTHERAN SOCIAL SERVICES OF COLORADO

Employer identification number 84-0775550

Part I Identification of Disregarded Entities (Complete	e if the organization answered "Yes"	to Form 990, Part IV, line 33	3.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total incor	l l	(e) /ear assets Dire		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 be	ecause it had one	e or more	related tax-exer	npt	
(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) ct controlling entity	_	rolled ity?
LFSRM FOUNDATION INC 01-0842036 363 S. HARLAN STREET, STE 200 DENVER, CO 80226	FOUNDATION	COLORADO	501(C)(3)	11, TYPE I	LFSRM		Yes	No

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

Schedule R (Form 990) 2011

	THE PERSON AND THE PROPERTY OF THE PERSON NAMED AND
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
Partiii	organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	entity (related unrelated income end-of-year ar		1 ' '		Code V-UBI amount in box	General or Pe	Percentage ownership				
or related organization		(state or foreign	Critity	(related, unrelated, excluded from tax under	income	assets	ate allo	cations?	20 of Schedule K-1 (Form 1065)	partne	er?	oo	
		country)		sections 512-514)			Yes No K-1 (Form 1065)		Yes	No			
	1												
- Identification of Related Or	ranizations Tavable s	e a Corno	oration or Trust (Co	mnlete if the organizati	ion answered "Ve	e" to Form 990 Pa	art IV/ I	ine 34	hecause it had or	ne or	mor	e related	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		
							_		
	-	1							

oart V	Transactions With Related Organizations (Complete if the organization answere	d "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
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Not	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
		nore re	elated organizations listed	in Parts II-IV?			
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	d Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	J , J (,						
f	f Sale of assets to related organization(s)				1f		х
g	g Purchase of assets from related organization(s)				1g		Х
h	n Exchange of assets with related organization(s)				1h		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		Х
	 Performance of services or membership or fundraising solicitations for related organization(s) 				1k		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				11		Х
	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m		Х
	n Sharing of paid employees with related organization(s)				1n		Х
О	Reimbursement paid to related organization(s) for expenses				10		Х
р	Reimbursement paid by related organization(s) for expenses				1p		Х
q	Other transfer of cash or property to related organization(s)				1q	Х	
r	Other transfer of cash or property from related organization(s)				1r		Х
2							•
	(a) (b) Name of other organization Transaction type (a-r)		(c) Amount involved	(d) Method of determining amount involved			

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LFSRM FOUNDATION INC.	Q	600,000.	FMV
<u>(2)</u>			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	(k) Percentage ing ownership