

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 04-01-2007 and ending 03-31-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Lutheran Social Services of the South. Number and street: PO Box 140767. City or town: Austin, TX 787140767

D Employer identification number: 74-1109745. E Telephone number: (512) 459-1000. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.LSSS.ORG

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 9386. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 57,172,422

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part III Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	13,683,748	13,683,748	
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	1,431,545	1,431,545	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	534,334	534,334	
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	20,400,431	17,056,065	3,174,516
27	Pension plan contributions not included on lines 25a, b and c	27	423,024	82,814	331,853
28	Employee benefits not included on lines 25a - 27	28	2,060,270	1,753,969	291,632
29	Payroll taxes	29	1,646,137	1,245,664	387,522
30	Professional fundraising fees	30	398,821	226,575	165,346
31	Accounting fees	31	64,130		64,130
32	Legal fees	32	210,781	126,984	83,797
33	Supplies	33	1,797,115	1,672,298	119,212
34	Telephone	34	598,341	434,320	161,048
35	Postage and shipping	35	202,686	114,993	53,197
36	Occupancy	36	5,325,842	4,689,910	635,863
37	Equipment rental and maintenance	37	626,365	404,031	221,284
38	Printing and publications	38	201,548	83,337	82,381
39	Travel	39	1,391,836	921,641	460,495
40	Conferences, conventions, and meetings	40	297,890	243,594	52,797
41	Interest	41	46,612	16,045	30,442
42	Depreciation, depletion, etc. (attach schedule) <input checked="" type="checkbox"/>	42	897,634	344,781	550,775
43	Other expenses not covered above (itemize)				
a	Bad Debt Expense	43a	70,376	70,376	
b	Food & Volunteer Expense	43b	1,257,927	1,252,742	5,185
c	Insurance	43c	325,447	325,447	
d	Professional Services	43d	1,592,512	493,475	1,090,732
e	Staff Recruitment Expenses	43e	316,790	223,928	92,836
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	55,802,142	45,466,737	10,020,922

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____





Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Our exempt purpose is to provide help, healing and hope to children, elderly and the poor All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a We are the largest provider of children's residential services in Texas, with 600 foster homes caring for more than 1,402 children daily. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22,187,588
b We have 5 children's residential treatment centers that have cared for 352 children to date. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	11,856,959
c We opened the first adult day care center in Texas which allows older and disabled adults to age in place and live as independently as possible. We have served more than 560 low-income seniors to date. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	9,683,275
d We offer domestic adoption services in Texas and help families facilitate international adoptions. Over the history of our adoption program, we have placed over 7,295 children. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,738,915
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . <input checked="" type="checkbox"/>	45,466,737

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	8,663,778	45	19,575,149
	46 Savings and temporary cash investments	2,752	46	
	47a Accounts receivable	47a 12,678,458		
	b Less allowance for doubtful accounts	47b	4,259,829	47c 12,678,458
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable	4,462,271	49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	353,164	53	158,371
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,539,420	54b 	2,232,197
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 12,108,138			
b Less accumulated depreciation (attach schedule)	57b 6,727,255	4,442,436	57c  5,380,883	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		12,897,175	58  3,729,689	
59 Total assets (must equal line 74) Add lines 45 through 58		43,620,825	59 43,754,747	
Liabilities	60 Accounts payable and accrued expenses	4,802,655	60	2,883,553
	61 Grants payable		61	
	62 Deferred revenue	729,869	62	1,255,727
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	148,333	64b	117,551
	65 Other liabilities (describe <input type="checkbox"/> _____)	4,247,703	65 	10,832,896
66 Total liabilities Add lines 60 through 65		9,928,560	66 15,089,727	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	20,502,502	67	19,582,625
	68 Temporarily restricted	6,580,566	68	2,704,878
	69 Permanently restricted	6,609,197	69	6,377,517
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		33,692,265	73 28,665,020
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		43,620,825	74 43,754,747

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	28		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions		75c	No
d Does the organization have a written conflict of interest policy?		75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Ronald Dee Ratliff 2511 Kinclaven Court Cedar Park, TX 78613	0	158,087	18,281	4,658
Charlene Marie Hoobler 6104 Sun Vista Austin, TX 78749	0	124,793	15,190	411
Charles David Yarborough 18602 Le Dauphine Place Lutz, FL 33558	0	97,845	14,573	8,532
Sam Sipes 8870 N Himes Ave Tampa, FL 33614	0	70,322	12,652	8,990

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?		78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	Yes
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?		81b	No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of Dan Damon Telephone no (512) 459-1000
8305 Cross Park Drive
Located at Austin, TX ZIP + 4 78754
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	Yes		No
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If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a See Additional Data Table					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	813,520	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Insurance Proceeds			01	754,600	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,568,120	48,441,375
105 Total (add line 104, columns (B), (D), and (E))					50,009,495

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2009-02-12 Date
	Dan Damon CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Glass & Company PC 515 Congress Ave 1900 Austin, TX 78701			EIN
				Phone no (512) 480-8182

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the
Treasury
Internal Revenue
Service

Name of the organization
Lutheran Social Services of the South

Employer identification number

74-1109745

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Gary L Henry 1885 Split Mountain Canyon Lake, TX 78133	CEO Exec Dir 40 00	110,085	4,800	1,251
Cheryl Ann Rayl 1750 Timber Ridge Court Corinth, TX 76210	CEO Exec Dir 40 00	107,014	19,171	5,438
Renata Cherry Doss 3311 Rainshore Drive Katy, TX 77449	CEO Exec Dir 40 00	102,025	14,642	7,162
Denise E Lange 18733 Golden Eagle Way Elgin, TX 78621	AVP Family Svcs 37 50	93,154	5,153	0
Jack W Ewing 32057 W Burnt Cedar Fair Oaks Ranch, TX 78015	AVP Family Svcs 37 50	91,860	978	1,251
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Jackson Walker LLP PO Box 130989 Dallas, TX 753130989	Attorney	193,290
Tonn Associates 401 West 15th Street Suite 870 Austin, TX 78701	Consulting	84,000
Holtzman Moellenberg Panozzo Pe 1710 West 6th Street Austin, TX 78703	Financial Audits	59,000
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Unique Construction Services 8303 La Fleur San Antonio, TX 78249	Construction	1,331,591
Thielemann Constructions CO LLP 2310 South Market Street Brenham, TX 77833	Construction	1,104,147
Walter Bush 4101 Hilltop Acres Lane Brenham, TX 77833	Maintenance and Repair	139,335
DCC Services LLC 101 Rolling Hills Road Blanco, TX 78606	Construction	109,777
Darrell Allen 408 East Second Street Long Beach, MS 39560	Construction	71,868
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	6,979,465	12,848,650	3,376,968	3,413,071	26,618,154
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	50,716,562	47,699,727	45,270,143	49,796,591	193,483,023
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,016,307	1,241,175	1,008,436	901,487	4,167,405
19 Net income from unrelated business activities not included in line 18			2,193,127	239,000	2,432,127
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	185,685	1,703,766	738,426	1,119,342	3,747,219
23 Total of lines 15 through 22	58,898,019	63,493,318	52,587,100	55,469,491	230,447,928
24 Line 23 minus line 17	8,181,457	15,793,591	7,316,957	5,672,900	36,964,905
25 Enter 1% of line 23	588,980	634,933	525,871	554,695	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 739,298
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 36,964,905
d Add Amounts from column (e) for lines	18 4,167,405	19 2,432,127			
	22	26b 0			26d 10,346,751
e Public support (line 26c minus line 26d total)					26e 26,618,154
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 7200 93 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 for miles driven and personal use availability.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Question (37-41) and Yes/No. Includes a note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Additional Data**Software ID:****Software Version:****EIN:** 74-1109745**Name:** Lutheran Social Services of the South**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Daniel Arthur Damon 2907 Live Oak Street Round Rock, TX 78681	CFO 40 00	63,365	0	0
Kurt Senske 1601 Shannon Oaks Trail Austin, TX 78746	PresidentCEO 37 50	360,004	24,344	25,867
David Kahle 13333 Amasia Drive Austin, TX 78729	Sr VP Agency Advancement 37 50	183,259	15,635	8,912
Elizabeth Anne Guthrie 10225 Channel Island Austin, TX 78747	Sr VP Mgmt & Program Support 40 00	148,611	24,815	138
John J Berkely 19905 Kennemer Drive Pflugerville, TX 78660	Senior VP Sr Svcs 40 00	127,413	20,496	10,031
Irene J Clements 1102 Prairie Ridge Trail Pflugerville, TX 78660	VP Family Services 37 50	114,401	13,162	374
Armin Lou Steege 8807 Point West Drive Austin, TX 78759	VP FacilitiesResidential Trtmt 40 00	107,731	18,674	1,199
Dirk Hugo Uys 1116 Del Roy Drive Cedar Park, TX 78613	CIO 40 00	78,300	3,579	76
Katherine Rebecca Kubatzky 2915 CR 153 Georgetown, TX 78626	VP Public Relations 37 50	72,418	8,741	0
Michelle Eppright 1504 Bruton Springs Road Austin, TX 78733	Board Member 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Larry Franklin 3702 69th Street Lubbock, TX 79413	Board Member 0 00	0	0	0
Bryan K Gallerson 555 Republic Drive Suite 101 Plano, TX 75074	Board Member 0 00	0	0	0
John W Long 201 E Main Suite 800 El Paso, TX 79901	Board Member 0 00	0	0	0
Rev Dr Robert R Hildebrandt 4016 Clifford Drive Metairie, LA 70002	Board Member 0 00	0	0	0
Greg Hilton 4610 Anikawi Drive Austin, TX 78746	Board Member 0 00	0	0	0
Allison Mull 7917 Citadel Court North Richland Hills, TX 76180	Board Member 0 00	0	0	0
Rev Dr Robert C Preece 10334 Cimmaron Trail Dallas, TX 75243	Board Member 0 00	0	0	0
W J Rankin 2501 Heather Glen Brenham, TX 77833	Board Member 0 00	0	0	0
Joel Reed 6706 Winnipeg Cove Austin, TX 78757	Board Member 0 00	0	0	0
Rev Leo Symmank 1002 Parkstead Seabrook, TX 77586	Board Member 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
James Trester 6412 Stone Canyon Plano, TX 75024	Board Member 0 00	0	0	0
Erroll Williams PO Box 53406 New Orleans, LA 70153	Board Member 0 00	0	0	0
Dr Larry Darlage 828 Harwood Road Hurst, TX 76054	Board Member 0 00	0	0	0
William Benfer 5708 Paint Trail College Station, TX 77845	Board Member 0 00	0	0	0
Kevin Benz 7625 Yaupon Drive Austin, TX 78759	Board Member 0 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Lutheran RTC Services Inc	X	
Lutheran Properties Inc	X	
Bokenkamp Children's Residential Treatment Center	X	
Lubbock Lutheran Retirement Corporation	X	
Lutheran Affordable Housing Corporation Inc	X	
Lutheran Senior Services Inc	X	
Nelson Children's Residential Treatment Center	X	
New Life Children's Residential Treatment Center	X	
Krause Children's Residential Treatment Center	X	
Kruse Memorial Lutheran Village Inc	X	
LSS Benevolence Foundation	X	
LSS Disaster Response	X	
Copperfield Village Inc	X	
The Village at Gleannloch Farms Inc	X	

Form 990, Part VII, Line 93 - Program service revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a Net Resident Service Revenue					9,853,589
b Children's Services					34,899,126
c Lutheran Judicatory					26,858
d Social Services Fees					2,066,080
e Other Incidental Service Revenue					78,107
f Meals Revenue					105,089
g NSLP Meal Revenue					282,910
h Management Contract Fees					1,129,616

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Provided housing assistance to children, the elderly, and the poor
93	Provided adoption services and foster care for children
93	Provided spiritual growth opportunities to everyone we served
93	Provided adult day care and skilled nursing care to the elderly
93	Reunified families affected by Hurricane Katrina
93	Served meals to residents living in the organization's facilities
93	Served meals to children during normal school hours
93	Managed non-profit entities, such as Habitat for Humanity

TY 2007 Individual Assistance Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Class of Activity	Amount
Adoption Services	25,066
Post Adoption Services	764,439
Child & Family Services	12,202,991
Food shelter and clothing for indigents etc	2,437
Medical dental and hospital expenses provided	2,079
Direct cash assistance to indigents	686,736

TY 2007 Investments - Securities Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Description	Book Value	Cost/FMV
Unrestricted Investments	2,232,197	F

TY 2007 Land etc. Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	2,207,296		2,207,296
BUILDING	309,414	49,588	259,826
BUILDING IMPROVEMENTS	1,101,003	380,717	720,286
BUILDING - FIXED EQUIPMENT	87,345	25,315	62,030
DURABLE MEDICAL EQUIPMENT	6,808	1,422	5,386
EQUIPMENT	6,935,273	5,440,651	1,494,622
BUILDING PLANT EQUIPMENT	91,712	53,225	38,487
VEHICLES	885,795	776,337	109,458
CIP CLEARING	479,753		479,753
ASSET CLEARING	3,739		3,739

TY 2007 Other Assets Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Description	Beginning of Year Amount	End of Year Amount
Other Long Term Assets	10,000	0
Interfund Receivable - Related Entity	2,053,092	3,729,689
Deferred Financing Costs Net of Amortization	262	0
Intercompany Receivable - Related Entity	10,833,821	0

TY 2007 Other Changes in Net Assets Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Description	Amount
Unrealized Loss on Temporarily Restricted Investments	-194,930
Unrealized Loss on Permanently Restricted Investments	-220,382
Unrealized Loss on Unrestricted Investments	-202,846
Release of Permanently Restricted Assets	-62,238
Release of Temporarily Restricted Assets	-2,586,594
Transfer of prior year Temporarily Restricted Balance to LSS-DR	-2,859,663
Prior Period Adjustment to Financial Statements	-270,872

TY 2007 Other Liabilities Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Description	Beginning of Year Amount	End of Year Amount
Life Leases and Intercompany Payables	3,807,752	10,478,756
Due to Residents and Others	439,951	354,140

**TY 2007 Other Revenues
Not Included Schedule****Name:** Lutheran Social Services of the South**EIN:** 74-1109745

Description	Amount
Net unrealized losses on Investments	202,846

TY 2007 Other Income Schedule

Name: Lutheran Social Services of the South

EIN: 74-1109745

Description	2006	2005	2004	2003	Total
Misc Other Revenue	185,685	1,703,766	738,426	1,119,342	3,747,219