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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4800 WEST 57TH STREET BOX 5038

City or town, state or country, and ZIP + 4
SIOUX FALLS, SD 571175038

D Employer identification number
45-0228055

E Telephone number
(605) 362-3100

G Gross receipts $ 1,100,373,993

F Name and address of principal officer
DAVID HORAZDOVSKY
4800 WEST 57TH STREET BOX 5038
SIOUX FALLS, SD 571175038

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GOOD-SAM COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SHARE GOD'S LOVE IN WORD AND DEED BY PROVIDING SHELTER AND SUPPORTIVE SERVICES TO OTHERS IN NEED

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	28,566
6	Total number of volunteers (estimate if necessary)	6	1,270
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,230,622
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-147,294

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,266,986	8,940,807
9	Program service revenue (Part VIII, line 2g)	877,262,390	903,901,474
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,958,727	1,143,381
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,520,757	4,545,910
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	891,091,406	918,531,572
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		6,127,059
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	542,143,234	556,013,129
16a	Professional fundraising fees (Part IX, column (A), line 11e)	32,272	50,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,451,254		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	338,619,742	339,951,716
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	880,795,248	902,141,904
19	Revenue less expenses Subtract line 18 from line 12	10,296,158	16,389,668

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,314,013,579	1,396,104,550
21	Total liabilities (Part X, line 26)	722,940,518	746,694,490
22	Net assets or fund balances Subtract line 21 from line 20	591,073,061	649,410,060

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-10-13
Signature of officer | Date

RAYE NAE NYLANDER CFO/TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: LARSONALLEN LLP
220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402

EIN ▶

Phone no ▶ (612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To share God's love in word and deed by providing shelter and supportive services to older persons and others in need, believing that "In Christ's Love, Everyone Is Someone"

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 622,243,833 including grants of $ 4,809,591) (Revenue $ 727,038,043)

Skilled Nursing Services - The Society had 4,121,302 skilled nursing home resident days in 2009 Skilled nursing services are designed to meet the daily living needs of the residents The care provided requires skilled nursing and rehabilitation intervention The care provided in this setting is very important, but the spiritual and social needs of the residents are still a very important element in the care of the entire person Skilled nursing services include professional nursing care 24 hours a day, seven days a week, therapy services, medication administration, spiritual and recreational activities, and room and meals

4b (Code) (Expenses $ 43,545,846 including grants of $ 0) (Revenue $ 50,879,551)

Assisted Living Services - The Society had 718,510 assisted living resident days in 2009 Assisted living services offer residents daily supervision and a variety of supportive services in a residential environment Services may feature three meals a day, spiritual and recreational activities, housekeeping, laundry service, scheduled transportation, 24 hour staffing, emergency call system, limited personal care services, and medication reminder/assistance

4c (Code) (Expenses $ 43,154,507 including grants of $ 0) (Revenue $ 50,422,305)

Senior Living Services - The Society had 505,725 senior living resident days in 2009 Senior living services offer basic services including housing, meals, housekeeping, and transportation Additional services include the scheduling of spiritual and social activities that are planned to meet the active spiritual, social and physical needs of the residents The senior living environment features a variety of common spaces such as multi-purpose rooms, libraries, large, common kitchens and dining rooms for residents to interact as a community

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 53,516,203 including grants of $) (Revenue $ 62,529,050)

4e **Total program service expenses** ▶ $ 762,460,389

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
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	Yes	
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	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	2,438		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	28,566		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN , IL , OK , NM , MN , OR , CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RAYE NAE NYLANDER CFO & TREASURER
4800 W 57TH ST
SIOUX FALLS, SD 57108
(605) 362-3100

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	2,956,921	0	536,297

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 44

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AEGIS THERAPIES INC PO BOX 8103 FT SMITH, AR 72902	Contract Therapy	14,040,791
sampson construction co inc 3730 s 14th street lincoln, NE 68502	Construction - includes materials	9,990,595
helenske design group ltd 304 10th st north fargo, ND 58102	architecture & construction mgmt	5,534,277
frye builders & associates 2213 2nd ave po box 36 muscatine, IA 52761	Construction - includes materials	2,955,144
SYNERTX 7540 N 19TH AVE STE 200 PHOENIX, AZ 850217967	Contract Therapy	2,922,279

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 177

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	392,327			
	e	Government grants (contributions)	1e	951,712			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,596,768			
	g	Noncash contributions included in lines 1a-1f $ 294,074					
	h	**Total.** Add lines 1a-1f		8,940,807			
Program Service Revenue			Business Code				
	2a	RESIDENT ROUTINE CARE	623,000	835,269,530	835,269,530		
	b	ANCILLARY SERVICES	623,000	51,751,978	51,751,978		
	c	EMPLOYEE & GUEST MEALS	623,000	6,368,098			6,368,098
	d	RENT	623,000	2,528,846			2,528,846
	e	MISCELLANEOUS	623,000	2,388,990			2,388,990
	f	All other program service revenue		5,594,032	679,684		4,914,348
	g	**Total.** Add lines 2a–2f		903,901,474			
	3	Investment income (including dividends, interest and other similar amounts)		9,892,221			9,892,221
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,035,499	125,556			
	b	Less rental expenses					
	c	Rental income or (loss)	1,035,499	125,556			
	d	Net rental income or (loss)			1,161,055	1,161,055	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	140,513,967	32,008,261			
	b	Less cost or other basis and sales expenses	146,577,251	34,693,817			
	c	Gain or (loss)	-6,063,284	-2,685,556			
	d	Net gain or (loss)			-8,748,840		-8,748,840
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 701,394				
	b	Less direct expenses	b 495,352				
	c	Net income or (loss) from fundraising events			206,042		206,042
	9a	Gross income from gaming activities See Part IV, line 19	a 96,790				
	b	Less direct expenses	b 76,001				
	c	Net income or (loss) from gaming activities			20,789		20,789
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	ADMINISTRATIVE SERVICE	561,000	3,231,749	2,006,702	1,225,047	
	b	SHARE CROP REVENUE	110,000	5,575		5,575	
	c	LOSS ON EXTINGUISHMENT	900,099	-79,300			-79,300
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		3,158,024			
	12	**Total revenue.** See Instructions		918,531,572	890,868,949	1,230,622	17,491,194

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,084,422	5,084,422		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,023,511	1,023,511		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	19,126	19,126		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,490,035		3,490,035	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	464,123,060	398,829,846	63,981,126	1,312,088
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,267,530	7,904,329	1,337,197	26,004
9	Other employee benefits	40,688,994	34,703,873	5,870,951	114,170
10	Payroll taxes	38,443,510	32,788,686	5,546,954	107,870
11	Fees for services (non-employees)				
a	Management				
b	Legal	497,407		497,407	
c	Accounting	477,647		477,647	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*	50,000			50,000
f	Investment management fees				
g	Other	62,362,994	56,732,990	5,593,524	36,480
12	Advertising and promotion	3,520,265	2,336	3,508,869	9,060
13	Office expenses	103,395,784	96,118,142	7,206,385	71,257
14	Information technology	2,020,339		2,020,339	
15	Royalties				
16	Occupancy	36,756,410	32,039,631	4,716,779	
17	Travel	4,006,462	1,526,704	2,470,308	9,450
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,983		82,983	
20	Interest	19,339,964	19,125,900	210,342	3,722
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,549,452	50,277,322	9,110,915	161,215
23	Insurance	16,010,077	13,517,233	2,449,501	43,343
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	LICENSE SURCHARGE	9,926,891	9,926,891		
b	UNCOLLECTIBLE ACCOUNTS	7,205,278		7,205,278	
c	STAFF DEVELOPMENT	3,275,894	1,916,910	1,350,375	8,609
d	EMPLOYEE RECRUITMENT	663,560	389,540	272,062	1,958
e	uniforms	585,282	532,997	52,143	142
f	All other expenses	10,275,027		9,779,141	495,886
25	**Total functional expenses.** Add lines 1 through 24f	902,141,904	762,460,389	137,230,261	2,451,254
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		16,945,377	1	26,940,895
	2	Savings and temporary cash investments		4,901,372	2	5,288,055
	3	Pledges and grants receivable, net		979,139	3	715,211
	4	Accounts receivable, net		70,810,412	4	66,664,852
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		24,781,104	7	25,682,032
	8	Inventories for sale or use		4,332,279	8	4,404,095
	9	Prepaid expenses and deferred charges		5,730,869	9	6,187,999
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,550,924,582			
	b	Less accumulated depreciation	10b 763,348,799	772,753,676	10c	787,575,783
	11	Investments—publicly traded securities		339,241,732	11	386,653,884
	12	Investments—other securities See Part IV, line 11		3,697,446	12	4,159,380
	13	Investments—program-related See Part IV, line 11		31,373,189	13	44,562,230
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		38,466,984	15	37,270,134
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,314,013,579	16	1,396,104,550
Liabilities	17	Accounts payable and accrued expenses		94,338,277	17	95,917,877
	18	Grants payable			18	
	19	Deferred revenue		6,360,384	19	6,286,101
	20	Tax-exempt bond liabilities		420,930,407	20	376,323,853
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		93,263,241	21	94,963,143
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		49,130,277	23	117,651,464
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		58,917,932	25	55,552,052
	26	**Total liabilities.** Add lines 17 through 25		722,940,518	26	746,694,490
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		559,942,195	27	619,645,626
	28	Temporarily restricted net assets		17,377,686	28	14,881,616
	29	Permanently restricted net assets		13,753,180	29	14,882,818
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		591,073,061	33	649,410,060
	34	Total liabilities and net assets/fund balances		1,314,013,579	34	1,396,104,550

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,160,504	13,099,931	15,141,414	14,266,986	8,940,807	64,609,642
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	798,543,967	812,725,158	843,265,625	877,901,286	904,699,658	4,237,135,694
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	811,704,471	825,825,089	858,407,039	892,168,272	913,640,465	4,301,745,336
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						4,301,745,336

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	811,704,471	825,825,089	858,407,039	892,168,272	913,640,465	4,301,745,336
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,750,556	13,207,892	15,151,064	9,186,363	11,053,276	57,349,151
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,750,556	13,207,892	15,151,064	9,186,363	11,053,276	57,349,151
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)	1,012,824	2,588,074	1,791,756	990,496	1,927,402	8,310,552
13 **Total support** (Add lines 9, 10c, 11 and 12)	821,467,851	841,621,055	875,349,859	902,345,131	926,621,143	4,367,405,039

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98 500 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	98 560 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	1 310 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	1 280 %

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 12, Explanation of Other Income ADMINISTRATIVE SERVICES loss on extinguishment of debt

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	45-0228055

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		41,587
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		304,153
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			345,740
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	ONE STAFF MEMBER IS DEVOTED FULL TIME TO PUBLIC POLICY ISSUES, INCLUDING LOBBYING ACTIVITIES. AN OUTSIDE REPRESENTATIVE IS ALSO ENGAGED TO ASSIST WITH COORDINATING THIS ACTIVITY. SEVERAL STAFF MEMBERS AND RESIDENTS WRITE LETTERS TO ELECTED OFFICIALS WHICH PROVIDE BACKGROUND AND EXPRESS RECOMMENDED POSITIONS ON SPECIFIC ISSUES. IN ADDITION, PERIODIC CORRESPONDENCE AND PERSONAL VISITS OCCUR BETWEEN STAFF MEMBERS AND ELECTED OFFICIALS TO ADVOCATE PARTICULAR POSITIONS ON ISSUES. IT IS ESTIMATED THAT TWO PERCENT OF ONE AVERAGE STAFF MEMBERS' TIME IS DEVOTED TO THIS ACTIVITY.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	1,277,000	1,311,000			
b	Contributions	51,000	-30,000			
c	Investment earnings or losses	-25,000	24,000			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-45,000	28,000			
f	Administrative expenses					
g	End of year balance	1,348,000	1,277,000			

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

- a Board designated or quasi-endowment ▶ 7 700 % %
- b Permanent endowment ▶ 51 100 % %
- c Term endowment ▶ 41 200 % %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		51,759,593		51,759,593
b Buildings		1,106,421,603	536,042,485	570,379,118
c Leasehold improvements		74,888,925	44,152,851	30,736,074
d Equipment		251,003,610	183,153,463	67,850,147
e Other		66,850,851		66,850,851
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				787,575,783

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
REAL ESTATE TAXES & OTHER LIABILITIES	9,258,635
UNAMORTIZED BOND PREMIUM	2,764,657
INTEREST RATE SWAPS	1,087,588
ANNUITIES PAYABLE	4,104,325
PAYABLE UNDER INVESTMENT LOAN AGREEMENT	38,336,847
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	55,552,052

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part IV, Line 2b		As set forth by Federal and State regulations, The Evangelical Lutheran Good Samaritan Society (Society) provides resident trust account (RTA) services for residents These RTA funds are not commingled with Society funds, are accessible for residents' use, have detailed accounting records maintained on an individual resident basis, and follow both federal and state regulations regarding the handling and documentation of activity As RTA funds are held in trust for residents, a resident may authorize that their RTA funds be returned to the resident or their designee (Representative Payee, Financial Power of Attorney, Guardian, etc) at any time Additionally, when a resident is discharged from a facility, their RTA funds are returned to the resident or their authorized designee If a resident expires with RTA funds on hand, specific state regulations along with state and/or federal agencies guidelines are reviewed to ensure these RTA funds are handled appropriately
Part V, Line 4	Description of Intended Use of Endowment Funds	The Society's endowment funds will be used as directed by the donor's restrictions or the Board's designation
		Part IV, Line 2a The Society has housing entry fees for admittance into housing units at various locations These contracts for housing entry fees vary by location, and typically have varying refundable portions up to 100% of these entry fees The refundable portions of the housing entry fees are refundable based upon time restrictions and vacancy of the housing unit The nonrefundable portion of the housing entry fees are recorded as deferred revenue and amortized into income over the life expectancy of the resident and fully recognized when the resident vacates its unit The Society records a current portion of housing entrance fees that is expected to be refunded in the next year

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	fund a senior center and soup kitchen for internally displaced seniors living in poverty	19,126	Check			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
matale line	CONSULTANT TO DEVELOP MKTING MATERIALS		No	500,000	50,000	450,000
Total . . . . . ▶				500,000	50,000	450,000

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

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,DC

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT - SIOUX FALLS, SD (event type)	(b) Event #2 home tours - hastings ne (event type)	(c) Other Events 142 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	29,170	21,640	650,584	701,394
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	29,170	21,640	650,584	701,394
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,959			4,959
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,091	3,414	483,888	490,393
	10 Direct expense summary Add lines 4 through 9 in column (d)				495,352
	11 Net income summary Combine lines 3, column d, and line 10				206,042

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue	67,403		29,387	96,790
Direct Expenses	2 Cash prizes	52,428		8,595	61,023
	3 Non-cash prizes	1,088			1,088
	4 Rent/facility costs				
	5 Other direct expenses	12,795		1,095	13,890
	6 Volunteer labor	☑ Yes 100 000 % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				76,001
	8 Net gaming income summary Combine lines 1, column d, and line 7				20,789

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities FL, MN			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 100 000 %		
b	An outside facility	**13b** 0 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			

Name ▶ CHARLES HIATT

Address ▶ 4800 WEST 57TH STREET PO BOX 5038
SIOUX FALLS, SD 571175038

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ SEE PART IV FOR A LIST

Gaming manager compensation ▶ $

Description of services provided ▶ THE SOCIETY'S VARIOUS FACILITIES CONDUCT LIMITED CHARITABLE GAMING ACTIVITIES EACH FACILITY'S ADMINISTRATOR OR EXECUTIVE DIRECTOR IS IN CHARGE OF THAT FACILITY'S CHARITABLE GAMING ACTIVITIES THEY ARE JENNIFER BERGSTROM - ADMINISTRATOR - BRAINERD, MN - $130TIM SWOBODA - EXECUTIVE DIRECTOR - ST JAMES, MN - $221GERALD BERGLIN - ADMINISTRATOR - ARLINGTON, MN - $156ANDREW HEWITT - ADMINISTRATOR - WESTBROOK, MN - $118SUSAN JENSEN - ADMINISTRATOR - MAPLEWOOD, MN - $220MARY KRAUS - EXECUTIVE DIRECTOR - KISSIMME, FL - $2,015LUANN FOOS - EXECUTIVE DIRECTOR - KISSIMME, FL - $905

☐ Director/officer ☑ Employee ☐ Independent contractor

17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 13

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	695	1,023,511			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE SOCIETY PROVIDES SCHOLARSHIPS TO EMPLOYEES WHO ARE ENROLLED IN A QUALIFIED EDUCATION PROGRAM THE SOCIETY PAYS THE SCHOLARSHIP DIRECTLY TO THE EDUCATIONAL INSTITUTION WHERE THE EMPLOYEE IS ENROLLED IF AN EMPLOYEE HAS ALREADY PAID THE EXPENSES, THE SOCIETY REQUIRES RECEIPT OF PAYMENT BEFORE REIMBURSEMENT IS MADE TO THE EMPLOYEE

Additional Data Return to Form

Software ID:
Software Version:
EIN: 45-0228055
Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX empire UNITED WAY 100 N WEST AVE SUITE 120 SIOUX FALLS,SD 571041314	46-0233701	501(C)(3)	6,500				CONTRIBUTION
iowa healthcare association 1775 90th street west des moines,IA 502661563	42-1326564	501(C)(3)	30,000				contribution
world mission prayer league - lamb232 clifton avenue minneapolis,MN 55403	41-0786986	501(C)(3)	21,909				Contribution used for - Wheelchairs, club foot treatments, antenatal check-ups, delivery for pregnant mothers, bicycle for community health workers, Out-patient clinic fees, one day hospital stay, in-patient treatment for a sick newborn, ultrasound, chaplain service, education
caring bridge assisted living centers324 wicklow place suite 100 owatonna,MN 55060	26-0441244	501(C)(3)		560,000		land & buildings	The Evangelical Lutheran Good Samaritan Society is a 501(c)(3) nonprofit corporation whose purposes include to engage in work of a charitable and religious nature by participation in any charitable or religious activity designed and carried on to promote the general health of the community The donation of this property to another 501(c)(3) entity will benefit and promote the general health of the community in which it is located
feed my starving children401 93rd avenue nw coon rapids,MN 55433	41-1601449	501(C)(3)	12,120				Contribution to purchase food for food packing event
team - karanda mission hospitalpo box 969 wheaton,IL 601870969	36-2169146	501(C)(3)	6,701				intraocular lens for cataracts patients, school books, diesel to run generators and vehicles, pulse oximeters, funds for the Food for Work program, Suction Machines, back up lighting system batteries, oxygen concentrators, personal hygiene kits for adults and children, baby layettes
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION 4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	46-0422866	501(C)(3)	3,129,724				FORGIVENESS OF ACCOUNT RECEIVABLE FROM SHARING OF PAID EMPLOYEES BETWEEN RELATED ORGANIZATIONS
GREELEY GOOD SAMARITAN HOUSING INC 4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	46-0456087	501(C)(3)	15,259				FORGIVENESS OF LOAN BETWEEN RELATED ORGANIZATIONS
SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING INC4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	46-0461264	501(C)(3)	15,195				FORGIVENESS OF LOAN BETWEEN RELATED ORGANIZATIONS
LEMARS GOOD SAMARITAN HOUSING INC 4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	20-4714415	501(C)(3)	7,731				FORGIVENESS OF LOAN BETWEEN RELATED ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINFIELD GOOD SAMARITAN HOUSING INC 4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	20-1115155	501(C)(3)	8,895				FORGIVENESS OF LOAN BETWEEN RELATED ORGANIZATIONS
JEFFERSONTOWN GOOD SAMARITAN HOUSING INC 4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	91-1751137	501(C)(3)	7,223				FORGIVENESS OF LOAN BETWEEN RELATED ORGANIZATIONS
GOOD SAMARITAN SOCIETY INC4800 WEST 57TH STREET BOX 5038 SIOUX FALLS,SD 571175038	46-0349951	501(C)(3)	1,263,165				FORGIVENESS OF LOAN BETWEEN RELATED ORGANIZATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
David J Horazdovsky	(i)	409,569	0	74,273	19,712	19,620	523,174	0
	(ii)	0	0	0	0	0	0	0
Kimberly Sear Johansen	(i)	100,085	0	18,590	13,000	25,349	157,024	0
	(ii)	0	0	0	0	0	0	0
raye nae nylander	(i)	205,339	0	42,744	21,994	14,820	284,897	0
	(ii)	0	0	0	0	0	0	0
Dean Mertz	(i)	205,786	0	47,540	22,000	14,320	289,646	0
	(ii)	0	0	0	0	0	0	0
Cindy Moegenburg	(i)	179,128	0	41,834	20,685	13,820	255,467	0
	(ii)	0	0	0	0	0	0	0
Rustan Williams	(i)	189,194	0	42,202	22,000	24,849	278,245	0
	(ii)	0	0	0	0	0	0	0
Thomas Kapusta	(i)	165,323	0	48,957	21,986	8,071	244,337	0
	(ii)	0	0	0	0	0	0	0
Dan Holdhusen	(i)	170,123	0	27,092	22,000	16,820	236,035	0
	(ii)	0	0	0	0	0	0	0
William Kubat	(i)	126,437	0	24,892	14,614	26,849	192,792	0
	(ii)	0	0	0	0	0	0	0
Danny Hanson	(i)	130,929	0	28,545	260	14,220	173,954	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Part I, Line 1a Travel for Companions Irene Kallis (spouse of Board Member Bruce Kallis) $550 40 Brady Randall (spouse of Board Member Joanna Randall) $362 20 Nancy Penn (spouse of Board Member John Penn) $639 30 Phil Johansen (spouse of Board Member Kim Johansen) $344 91 Mitch Nickerson (spouse of Board Member Susan Nickerson) $237 91 Marilyn Johnson (spouse of Board Member Christopher Johnson) $405 19 Barbara Wangsness (spouse of Board Member Natanael Lizarazo) $501 90 Robert Bussler (spouse of Board Member Lori Bussler) $456 20
	Part I, Line 4a	The people listed below participated in the Society's 457(b) plan David J Horazdovsky -$16,500 Kimberly Sear Johansen - $7,968 Raye Nae Nylander - $16,389 Thomas A Peterson - $3,741 Dean Mertz - $16,500 Cindy Moegenburg - $14,549 Rustan Williams - $15,313 Thomas Kapusta - $14,080 Dan Holdhusen - $13,192 William Kubat - $10,189 Danny Hanson - $10,535

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	COHFA	84-0752932	196474P46	08-31-2004	28,168,375	refunding & nonrefunding		X		X
B	COHFA	84-0752932	1964742TG	11-15-2005	64,472,262	refunding & nonrefunding		X		X
C	COHFA	84-0752932	1964745B2	10-31-2006	108,145,790	refunding & nonrefunding		X		X
D	COHFA	84-0752932	19648AFY6	12-06-2007	23,830,000	refunding & nonrefunding		X		X
E	COHFA	84-0752932	19648ANT8	12-11-2008	28,305,000	refunding & nonrefunding		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	28,168,375	64,472,262	108,145,790	23,830,000	28,305,000
2	Gross proceeds in reserve funds	2,179,597	4,437,313	7,948,466		
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	420,812	1,046,025	1,365,882	476,600	565,415
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	8,283,287	8,283,287	58,112,099	11,006,400	
8	Year of substantial completion	2004	2007	2008	2009	2008

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X		X		X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X	X			X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X	X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider	NA		NA		NA				NA	
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X		X			X		X		X
b	Name of provider	MBIA Inc Products Corp		AIG Financial Products Corp		NA		NA		NA	
c	Term of GIC	14 000000000000		6 000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X	X	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	cohfa	84-0752932	19648apc3	05-27-2009	80,414,461	refunding & nonrefunding		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	80,414,461				
2	Gross proceeds in reserve funds	8,113,238				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	8,288,968				
5	Issuance costs from proceeds	1,381,946				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	50,000,000				
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?		X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider	NA									
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider	NA									
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No

Total . . . . . ▶ $

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Twyla Brandsma	FAMILY RELATIONSHIP	40,283	SALARY AND BENEFIT COSTS		No
THOMAS FRASER	FAMILY RELATIONSHIP	40,543	SALARY AND BENEFIT COSTS		No
William Kortemeyer	FAMILY RELATIONSHIP	15,764	SALARY AND BENEFIT COSTS		No
BUSSLER & SON CONSTRUCTION INC	FAMILY RELATIONSHIP	67,409	CONSTRUCTION COSTS		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		36,704	FAIR MARKET VALUE
6	Cars and other vehicles	X	4	39,725	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	49,812	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial	X	2	4,650	FAIR MARKET VALUE
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	34	38,339	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (miscellaneous items)	X	130	124,844	FAIR MARKET VALUE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

			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?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The governing body delegated board authority to the executive committee of the board to act on its behalf on matters that need attention when the board is not in session All actions of the executive committee are ratified at the next scheduled board meeting The executive committee is comprised of the following board members Chairperson, First Vice Chairperson, Member-Executive Committee, Member-Executive Committee, and the President
Form 990, Part VI, Section A, line 6		VOTING OR NON-VOTING
Form 990, Part VI, Section A, line 7a		Voting members elect the board members
Form 990, Part VI, Section A, line 7b		The members must approve any amendments to the articles of incorporation
Form 990, Part VI, Section B, line 11		The form 990 is reviewed and approved by the board prior to its filing The organization's officers and management are an integral part of the preparation of the Form 990 Therefore, they will have an on-going review of the information as it is prepared for the return
Form 990, Part VI, Section B, line 12c		Officers and directors are required to annually disclose interests that could give rise to conflicts All potential director conflicts are investigated by the organization's Chief Legal Officer The Chief Legal Officer reports his findings to the Board Chairperson The Board ultimately determines whether or not an actual conflict of interest exists and the remedial steps necessary based upon such legal opinion The organization has a conflict of interest policy that covers substantially all employees All employees are required to report any potential conflicts to the appropriate individual as indicated in the policy All potential conflicts are investigated to determine if a conflict exists If approval is given to proceed with the action, a copy of the approval is documented in the employee's personnel file
Form 990, Part VI, Section B, line 15a		The Society's employee compensation plan is reviewed and updated every five years by an external consultant During the review, the compensation is evaluated, updated, and recalibrated to be 100% competitive at the 50th percentile of the national labor market utilizing a nationally recognized data base The compensation plan includes all positions within the Society including executive management, key employees, and officers For positions other than the President/CEO, the recommendations by the external consultant are reviewed and approved by the President/CEO of the Society For the President/CEO position, the recommendations are approved by the Board See Schedule J, Part I, Line 3 for additional details related to the President/CEO position
Form 990, Part VI, Section C, line 19		The Society's governing documents and conflict of interest policy are available upon request The Society's financial statements are available through its external website

Identifier	Return Reference	Explanation
form 990, part vi, section a, line 1b	independent board members	Each and every day the Society's top local leader position at its 200+ decentralized locations carryout the Society's mission by assuring care and services are provided to those most in need In order for the Society's board to stay connected with its mission and to assure all strategies have local leadership input, the Society's bylaws require 6 board members to be selected from the local leadership Independent board members periodically review the bylaws for the makeup of the board members and continue to determine that it is extremely valuable to include local leadership board representation to provide the input for setting strategies for the Society The seventh non-independent board member is the CEO of the Society

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

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

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

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP 4800 W 57th St SIOUX FALLS, SD57108 27-1212511	Provide low-income housing to elderly and disabled persons	SD	TELGSS	Related				No			No
Olathe Good Samaritan Housing LP 4800 W 57th St SIOUX FALLS, SD57108 20-5297369	Provide low-income housing to elderly and disabled persons	SD	TELGSS	Related				No			No
Hobbs Good Samaritan Housing LP 4800 W 57th St SIOUX FALLS, SD57108 26-1817167	Provide low-income housing to elderly and disabled persons	SD	TELGSS	RELATED				No			No
millard good samaritan housing LP 4800 W 57th St sIOUX FALLs, SD57108 27-1212324	Provide low-income housing to elderly and disabled persons	SD	telgsS	related				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Idaho Samaritan Housing Inc 4800 W 57th St SIOUX FALLS, SD57108 46-0424311	Provide low-income housing to elderly and disabled persons	SD	TELGSS	C			100 000 %
Good Samaritan Society Insurance LTD 90-0379099	Insurance	CJ	TELGSS	C	5,351,599	44,829,882	100 000 %
Good Samaritan Humanitarian Services Inc 4800 W 57th St SIOUX FALLS, SD57108 20-5533741	Management services, unbundled services, unrelated business activities	SD	TELGSS	C			100 000 %
Hobbs Good Samaritan Housing GP Inc 4800 W 57th St SIOUX FALLS, SD57108 26-1817059	PROvide low-income housing to elderly and disabled persons	SD	TELGSS	C			100 000 %

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 45-0228055
Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
Good Samaritan Society Inc 4800 W 57th St Sioux Falls, SD57108 46-0349951	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
BOISE GOOD SAMARITAN HOUSING INC 4800 W 57th St Sioux Falls, SD57108 36-3370371	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	PF	TELGSS
Lovington Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0392944	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Prophetstown Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0392943	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Jasonville Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0396355	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
OLATHE GOOD SAMARITAN HOUSING INC 4800 W 57th St Sioux Falls, SD57108 46-0396398	General Partner of Olathe Good Samaritan Housing Limited Partnership	SD	501(c)(3)	11 - type 1	TELGSS
Millard Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0396332	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION 4800 W 57th St Sioux Falls, SD57108 46-0422866	Assist TELGSS in providng senior care	MN	501(c)(3)	11 - type 1	TELGSS
Sioux Falls Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0385187	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
KEARNEY GOOD SAMARITAN HOUSING INC 4800 W 57th St Sioux Falls, SD57108 46-0421846	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	PF	TELGSS
Hastings Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0434693	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Brookings Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0439509	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Grants Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0439511	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Hermiston Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 91-1751136	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Valentine Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 91-1751139	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Jeffersontown Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 91-1751137	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Goldbeck Towers Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 91-1751135	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Wisconsin Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0447338	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Greeley Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0456087	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
South Daytona Beach Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 46-0461264	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Winfield Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 20-1115155	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Inver Grove Heights Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 76-0789504	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
LeMars Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 20-4714415	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Alliance Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 20-4714573	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
Sioux Falls 57 Good Samaritan Housing Inc 4800 W 57th St Sioux Falls, SD57108 20-4714647	Provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	TELGSS
hasting village gargens good samaritan housing gp inc 4800 W 57th St sioux Falls, SD57108 27-1212446	provide low-income housing to elderly and disabled persons	SD	501(c)(3)	9	teLGSS
good samaritan holdings llc 4800 W 57th St sioux Falls, SD57108 75-2979560	owner of good samaritan heritage llc	SD	501(c)(3)	11 - type 1	tELGSS

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Good Samaritan Society Inc	D	641,215
(2)	Good Samaritan Society Inc	K	149,218
(3)	Good Samaritan Society Inc	P	710,186
(4)	Boise Good Samaritan Housing Inc	P	217,904
(5)	lovington good samaritan housing inc	P	52,137
(6)	Millard Good Samaritan Housing Inc	P	84,271
(7)	The Evangelical Lutheran Good Samaritan Foundation	B	3,129,724
(8)	The Evangelical Lutheran Good Samaritan Foundation	C	392,327
(9)	Sioux Falls Good Samaritan Housing Inc	P	124,781
(10)	Kearney Good Samaritan Housing Inc	P	270,365
(11)	hastings good samaritan housing inc	P	52,269
(12)	brookings good samaritan housing inc	P	53,562
(13)	Grants Good Samaritan Housing Inc	P	53,303
(14)	Jeffersontown Good Samaritan Housing Inc	P	72,460
(15)	Greeley Good Samaritan Housing Inc	P	79,432
(16)	south daytona beach good samaritan housing inc	P	72,166
(17)	Inver Grove Heights Good Samaritan Housing Inc	P	58,833
(18)	alliance good samaritan housing inc	P	53,480
(19)	alliance good samaritan housing inc	D	133,173
(20)	sioux falls 57 good samaritan housing inc	D	110,955

Additional Data

Software ID:
Software Version:
EIN: 45-0228055
Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 30,753,598 including grants of $ 0) (Revenue $ 35,932,917)

Home Health Services - The Society served approximately 5,433 clients in 2009 needing home health services Home health services provide a range of services from visits by professional nurses to meet medical care requirements to homemaker visits that provide housekeeping services Generally the home health services are provided to seniors living in housing operated by the Society Residents in assisted living and senior living settings may have temporary need to access the services of the Society's home health agencies These residents may be recovering from a surgery or have an illness that temporarily prevents them from performing a daily living task

(Code) (Expenses $ 22,762,605 including grants of $ 0) (Revenue $ 26,596,133)

Senior Living Services - The Society had 1,336,124 senior living resident days in 2009 Senior living services serve residents needing housing and offer a secure convenient location with optional services such as meals, housekeeping and transportation Senior living housing generally is available in a campus environment that includes spiritual and social activities as well as medical assistance

(Code) (Expenses $ including grants of $) (Revenue $)

Society Provided Meeting Space - One hundred and forty-one facility locations were able to make available meeting room space for hundreds of non-profit or service organizations or groups to gather to accomplish their purpose in 2009 An estimate of the total number of group members served is at least 189,703 people Meeting space was made available for church services, service clubs, support group meetings, voting locations for elections and other groups providing community benefits

(Code) (Expenses $ including grants of $) (Revenue $)

Community Meals and Snacks - One hundred and twenty-five facility locations were able to serve approximately 113,878 meals and snacks in 2009 The Society provided meals and snacks for the community for a variety of purposes including Nursing Home Week and Founder's Day celebrations, Mother's and Father's day teas, volunteer luncheons, open houses, holiday parties and community fellowship meals inviting the public to join our facilities' residents in a meal or snack

(Code) (Expenses $ including grants of $) (Revenue $)

Meals on Wheels - Forty-seven facilities participated in the Meals On Wheels program in 2009 Facilities prepared an estimated 90,705 meals for the Meals On Wheels program and staff members delivered an estimated 21,402 meals in 2009 The Meals On Wheels program provides hot, well-balanced meals to elderly individuals living in the communities where the Society has facilities

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ including grants of $) (Revenue $)

Health Fairs and Other Program Services - Approximately 116,717 community members were served in 2009 The Society hosts a variety of program services providing health information for seniors including topics such as wellness, blood pressure checks, diabetes testing, vulnerable adults' education, estate planning seminars and long-term care awareness programs Programs such as Senior Olympics and piano recitals at the facilities are also included to provide opportunities for youth and adult groups to visit with residents (i e Adopt-A-Grandparent) and crafts to create community

(Code) (Expenses $ including grants of $) (Revenue $)

Community Events - Approximately 208,282 community members were served in 2009, of this total an estimated 126,000 meals were prepared by the Society's staff members in a Feed My Starving Children campaign Society's staff members donated an estimated 46,219 volunteer hours representing the Society in addition to participating in a variety of other community events such as high school mentoring programs, fundraising walks for Cancer and Alzheimer's, donations for Christmas gifts for underprivileged children, transportation of elderly to church and other community functions as well as participation in community fairs

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David J Horazdovsky PRESIDENT & CEO	40 00	X		X				483,842	0	37,587
Lori L Bussler Director	40 00	X						71,563	0	39,356
Kimberly Sear Johansen Director	40 00	X						118,675	0	36,468
Bruce O Kallis Director	40 00	X						60,761	0	29,406
Ronald L Kortemeyer Director	40 00	X						76,292	0	26,549
Ruth M Leitel Director	40 00	X						72,719	0	11,218
Joanna Randall Director	40 00	X						97,953	0	23,380
TERESA HILDEBRANDT DIRECTOR	40 00	X						85,083	0	25,904
John C Penn Chairperson	1 00	X		X				0	0	0
Patricia K Haugen first vice chairperson	1 00	X		X				0	0	0
Susan E Nickerson director	1 00	X						0	0	0
Paul R Binder Director	1 00	X						0	0	0
Rev Andrea DeGroot-nesdahl, Director	1 00	X						0	0	0
Dr Sandra I Jerstad Director	1 00	X						0	0	0
Christopher T Johnson Director	1 00	X						0	0	0
Rev Natanael Lizarazo Director	1 00	X						0	0	0
Larry W Walter Director	1 00	X						0	0	0
neil gulsvig Director	1 00	X						0	0	0
raye nae nylander Treasurer	40 00			X				248,083	0	35,260
Thomas A Peterson Assistant Treasurer	32 00			X				118,332	0	8,328
Sylvia Gause Secretary	40 00			X				54,494	0	18,436
Eloye Farrell Assistant Secretary	40 00			X				41,142	0	13,072
Dean Mertz VP - HUMAN RESOURCES	40 00				X			253,326	0	34,766
Cindy Moegenburg VP - REGIONAL OPERATIONS	40 00				X			220,962	0	32,951
Rustan Williams CHIEF INFO OFFICER	40 00					X		231,396	0	44,968

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Kapusta chief legal officer	40 00					X	214,280	0	28,874
Dan Holdhusen VP - OPER SUPPORT SVCS	40 00					X	197,215	0	37,266
William Kubat chief quality officer	40 00					X	151,329	0	39,582
Danny Hanson Regional Director	40 00					X	159,474	0	12,926

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
RESIDENT ROUTINE CARE	623,000	835,269,530	835,269,530		
ANCILLARY SERVICES	623,000	51,751,978	51,751,978		
EMPLOYEE & GUEST MEALS	623,000	6,368,098			6,368,098
RENT	623,000	2,528,846			2,528,846
MISCELLANEOUS	623,000	2,388,990			2,388,990

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
LICENSE SURCHARGE	9,926,891	9,926,891		
UNCOLLECTIBLE ACCOUNTS	7,205,278		7,205,278	
STAFF DEVELOPMENT	3,275,894	1,916,910	1,350,375	8,609
EMPLOYEE RECRUITMENT	663,560	389,540	272,062	1,958
uniforms	585,282	532,997	52,143	142