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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 $ 1,360,329,074

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) ☐ 501(c) ( ) ◀ (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 individuals employed in calendar year 2011 (Part V, line 2a)	**5**	28,826
6	Total number of volunteers (estimate if necessary)	**6**	4,375
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,342,728
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-307,218

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	10,379,320	11,021,275
9	Program service revenue (Part VIII, line 2g)	911,161,236	945,148,214
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,400,882	14,333,366
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,169,470	4,559,289
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	940,110,908	975,062,144
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,259,895	1,941,707
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	557,411,688	570,563,520
16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,500	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,139,359		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	345,541,170	369,885,154
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	905,221,253	942,390,381
19	Revenue less expenses Subtract line 18 from line 12	34,889,655	32,671,763

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,472,935,059	1,485,526,932
21	Total liabilities (Part X, line 26)	774,821,895	763,636,105
22	Net assets or fund balances Subtract line 21 from line 20	698,113,164	721,890,827

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

****** | 2012-09-17
Signature of officer | Date

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

Paid Preparer's Use Only

Preparer's signature: TERRANCE O'REILLY | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00068340

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTONLARSONALLEN LLP, 220 SOUTH SIXTH STREET SUITE 300, MINNEAPOLIS, MN 55402 | EIN ▶ 41-0746749 | 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 628,934,438 including grants of $ 1,918,667) (Revenue $ 755,401,542)

SKILLED NURSING SERVICES - THE SOCIETY HAD 3,812,372 SKILLED NURSING HOME RESIDENT DAYS IN 2011 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 $ 51,768,979 including grants of $ 0) (Revenue $ 62,178,765)

ASSISTED LIVING SERVICES - THE SOCIETY HAD 755,719 ASSISTED LIVING RESIDENT DAYS IN 2011 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 $ 74,777,435 including grants of $ 0) (Revenue $ 89,813,796)

THE SOCIETY HAD 522 861 SENIOR LIVING RESIDENT DAYS IN 2011 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 OTHER SENIOR LIVING SERVICES - THE SOCIETY HAD 1,290,698 OTHER SENIOR LIVING RESIDENT DAYS IN 2011 SENIOR LIVING SERVICES SERVE RESIDENTS NEEDING HOUSING AND OFFER A SECURE CONVENTIENT 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 $ 34,012,273 including grants of $ 0) (Revenue $ 40,851,514)

HOME HEALTH SERVICES - THE SOCIETY SERVED APPROXIMATELY 7,206 CLIENTS IN 2011 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 SOCIETY-PROVIDED MEETING SPACE - 149 FACILITY LOCATIONS WERE ABLE TO MAKE AVAILABLE MEETING ROOM SPACE FOR NON-PROFIT OR SERVICE ORGANIZATIONS OR GROUPS TO GATHER TO ACCOMPLISH THEIR PURPOSE IN 2011 AN ESTIMATE OF THE TOTAL NUMBER OF GROUP MEMBERS SERVED IS AT LEAST 285,578 PEOPLE MEETING SPACE WAS MADE AVAILABLE FOR CHURCH SERVICES, SERVICE CLUBS, SUPPORT GROUP MEETINGS, VOTING LOCATIONS FOR ELECTIONS AND OTHER GROUPS PROVIDING COMMUNITY BENEFITS COMMUNITY MEALS & SNACKS - 99 FACILITY LOCATIONS WERE ABLE TO SERVE APPROXIMATELY 223,941 MEALS AND SNACKS IN 2011 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 MEALS ON WHEELS - 176 FACILITIES PREPARED AN ESTIMATED 411,612 MEALS FOR THE MEALS ON WHEELS PROGRAM IN 2011 THE MEALS ON WHEELS PROGRAM PROVIDES HOT, WELL-BALANCED MEALS TO ELDERLY INDIVIDUALS LIVING IN THE COMMUNITIES WHERE THE SOCIETY HAS FACILITIES THE MEALS ARE DELIVERED BY VOLUNTEERS, MANY ARE EMPLOYEES OF THE SOCIETY COMMUNITY EVENTS - APPROXIMATELY 200,328 COMMUNITY MEMBERS WERE SERVED IN 2011 THE SOCIETY'S STAFF MEMBERS PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS SUCH AS FOOD DRIVES, HIGH SCHOOL MENTORING PROGRAMS, FUNDRAISING WALKS FOR CANCER AND ALZHEIMER'S, DONATIONS FOR CHRISTMAS GIFTS FOR UNDERPRIVILEGED CHILDREN, TRANSPORTATION OF ELDERLY TO CHURCH AND COMMUNITY FUNCTIONS AS WELL AS PARTICIPATION IN COMMUNITY FAIRS AND PARADES HEALTH FAIRS & OTHER PROGRAMS SERVICES - APPROXIMATELY 65,864 COMMUNITY MEMBERS WERE SERVED IN 2011 THE SOCIETY HAS 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

4d Other program services (Describe in Schedule O)

(Expenses $ 34,012,273 including grants of $) (Revenue $ 40,851,514)

4e **Total program service expenses** ▶ $ 789,493,125

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 and IV*	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 and IV*	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		No
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	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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**	Yes	
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**	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,606		
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**		
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**	28,826		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,935,703	0	443,828

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 62

		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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
AEGIS THERAPIES INC PO BOX 8103 FT SMITH, AR 72902	CONTRACT THERAPY	17,677,335
SOLOMON BUILDERS INC 4539 TROUSDALE DR NASHVILLE, TN 37204	CONSTRUCTION - INCLUDES MATERIALS	8,056,348
CBS CONSTRUCTION SERVICES 11124 ZEALAND AVENUE NORTH CHAMPLIN, MN 55316	CONSTRUCTION - INCLUDES MATERIALS	4,519,129
RYAN BUILDERS 201 N HARRISON ST SUITE 400 DAVENPORT, IA 52801	CONSTRUCTION - INCLUDES MATERIALS	3,760,145
DOHN CONSTRUCTION 2642 MIDPOINT DRIVE UNIT A FORT COLLINS, CO 80525	CONSTRUCTION - INCLUDES MATERIALS	3,643,995

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 188

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 1,156,313				
	e	Government grants (contributions) 1e 930,578				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 8,934,384				
	g	Noncash contributions included in lines 1a-1f $ 832,539				
	h	**Total.** Add lines 1a-1f . . . . . ▶	11,021,275			
Program Service Revenue		Business Code				
	2a	RESIDENT ROUTINE CARE 623000	863,486,187	863,486,187		
	b	ANCILLARY SERVICES 623000	62,641,509	62,641,509		
	c	EMPLOYEE & GUEST MEALS 623000	6,009,977			6,009,977
	d	RENT 623000	2,725,658			2,725,658
	e	MISCELLANEOUS 623000	2,704,696			2,704,696
	f	All other program service revenue	7,580,187	2,170,556		5,409,631
	g	**Total.** Add lines 2a–2f . . . . . ▶	945,148,214			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	7,824,773			7,824,773
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 1,191,386 / 165,934				
	b	Less rental expenses 0 / 0				
	c	Rental income or (loss) 1,191,386 / 165,934				
	d	Net rental income or (loss) . . . . . ▶	1,357,320	1,357,320		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 381,896,321 / 9,245,711				
	b	Less cost or other basis and sales expenses 366,555,341 / 18,078,098				
	c	Gain or (loss) 15,340,980 / -8,832,387				
	d	Net gain or (loss) . . . . . ▶	6,508,593			6,508,593
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 661,219				
	b	Less direct expenses . . . b 562,990				
	c	Net income or (loss) from fundraising events . . ▶	98,229			98,229
	9a	Gross income from gaming activities See Part IV, line 19 . . . a 88,098				
	b	Less direct expenses . . . b 70,501				
	c	Net income or (loss) from gaming activities . . ▶	17,597			17,597
	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 . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	ADMINISTRATIVE SERVICE 561000	3,082,811	1,740,083	1,342,728	
	b	GAIN ON EXTINGUISHMENT 900099	3,332			3,332
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	3,086,143			
	12	**Total revenue.** See Instructions . . . ▶	975,062,144	931,395,655	1,342,728	31,302,486

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,274,485	1,274,485		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	618,379	618,379		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	48,843	48,843		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,917,895	2,917,895		
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	475,421,632	399,266,636	74,409,123	1,745,873
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,832,107	8,257,160	1,538,841	36,106
9	Other employee benefits	43,162,011	36,248,142	6,755,367	158,502
10	Payroll taxes	39,229,875	32,945,872	6,139,941	144,062
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,169,444		1,169,444	
c	Accounting	267,503		267,503	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	64,015,129	58,151,592	5,723,767	139,770
12	Advertising and promotion	3,804,341		3,794,698	9,643
13	Office expenses	99,734,158	88,484,414	11,190,840	58,904
14	Information technology	1,649,895		1,649,895	
15	Royalties . .				
16	Occupancy	33,135,092	33,135,092		
17	Travel	4,649,693	1,797,068	2,841,680	10,945
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,371		67,371	
20	Interest	19,111,602	19,035,122	74,948	1,532
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,730,894	52,620,449	9,907,958	202,487
23	Insurance	13,878,583	11,641,748	2,192,037	44,798
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT MAINTENANCE	20,250,389	17,640,376	2,610,013	
b	LICENSE SURCHARGE	14,832,295	14,832,295		
c	STAFF DEVELOPMENT	3,829,110	1,774,906	2,034,305	19,899
d	UNCOLLECTIBLE EXPENSE	3,687,038		3,687,038	
e					
f	All other expenses	23,072,617	8,802,651	13,703,128	566,838
25	**Total functional expenses.** Add lines 1 through 24f	942,390,381	789,493,125	149,757,897	3,139,359
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		27,557,285	1	10,488,916
	2	Savings and temporary cash investments		4,624,468	2	4,996,523
	3	Pledges and grants receivable, net		715,211	3	657,653
	4	Accounts receivable, net		72,484,974	4	75,952,741
	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		26,568,883	7	30,356,123
	8	Inventories for sale or use		4,516,168	8	6,185,822
	9	Prepaid expenses and deferred charges		5,426,287	9	5,231,785
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,723,685,223			
	b	Less accumulated depreciation	10b 863,249,759	838,896,955	10c	860,435,464
	11	Investments—publicly traded securities		391,012,296	11	380,668,688
	12	Investments—other securities See Part IV, line 11		4,408,228	12	4,087,452
	13	Investments—program-related See Part IV, line 11		43,367,187	13	42,042,091
	14	Intangible assets			14	238,497
	15	Other assets See Part IV, line 11		53,357,117	15	64,185,177
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,472,935,059	16	1,485,526,932
Liabilities	17	Accounts payable and accrued expenses		98,694,320	17	85,696,133
	18	Grants payable			18	
	19	Deferred revenue		5,282,924	19	5,914,918
	20	Tax-exempt bond liabilities		329,746,763	20	312,724,139
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		96,015,116	21	96,402,435
	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		173,748,174	23	180,093,739
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		71,334,598	25	82,804,741
	26	**Total liabilities.** Add lines 17 through 25		774,821,895	26	763,636,105
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		664,592,163	27	686,122,093
	28	Temporarily restricted net assets		17,179,118	28	19,198,510
	29	Permanently restricted net assets		16,341,883	29	16,570,224
		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		698,113,164	33	721,890,827
	34	Total liabilities and net assets/fund balances		1,472,935,059	34	1,485,526,932

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	975,062,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	942,390,381
3	Revenue less expenses Subtract line 2 from line 1	3	32,671,763
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	698,113,164
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,894,100
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	721,890,827

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** 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—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	15,141,414	14,266,986	8,940,807	10,983,028	11,021,275	60,353,510
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	843,265,625	877,901,286	904,602,868	911,859,071	945,148,214	4,482,777,064
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	858,407,039	892,168,272	913,543,675	922,842,099	956,169,489	4,543,130,574
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)						4,543,130,574

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	858,407,039	892,168,272	913,543,675	922,842,099	956,169,489	4,543,130,574
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,151,064	9,186,363	11,053,276	9,998,217	9,182,093	54,571,013
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,151,064	9,186,363	11,053,276	9,998,217	9,182,093	54,571,013
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)	1,791,756	990,496	1,927,402	1,224,976	1,688,943	7,623,573
13 **Total support** (Add lines 9, 10c, 11 and 12)	875,349,859	902,345,131	926,524,353	934,065,292	967,040,525	4,605,325,160

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 2011 (line 8 column (f) divided by line 13 column (f))	15	98 650 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	98 500 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 180 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1 310 %

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

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

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

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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 34,012,273 including grants of $ 0) (Revenue $ 40,851,514)

HOME HEALTH SERVICES - THE SOCIETY SERVED APPROXIMATELY 7,206 CLIENTS IN 2011 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 SOCIETY-PROVIDED MEETING SPACE - 149 FACILITY LOCATIONS WERE ABLE TO MAKE AVAILABLE MEETING ROOM SPACE FOR NON-PROFIT OR SERVICE ORGANIZATIONS OR GROUPS TO GATHER TO ACCOMPLISH THEIR PURPOSE IN 2011 AN ESTIMATE OF THE TOTAL NUMBER OF GROUP MEMBERS SERVED IS AT LEAST 285,578 PEOPLE MEETING SPACE WAS MADE AVAILABLE FOR CHURCH SERVICES, SERVICE CLUBS, SUPPORT GROUP MEETINGS, VOTING LOCATIONS FOR ELECTIONS AND OTHER GROUPS PROVIDING COMMUNITY BENEFITS COMMUNITY MEALS & SNACKS - 99 FACILITY LOCATIONS WERE ABLE TO SERVE APPROXIMATELY 223,941 MEALS AND SNACKS IN 2011 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 MEALS ON WHEELS - 176 FACILITIES PREPARED AN ESTIMATED 411,612 MEALS FOR THE MEALS ON WHEELS PROGRAM IN 2011 THE MEALS ON WHEELS PROGRAM PROVIDES HOT, WELL-BALANCED MEALS TO ELDERLY INDIVIDUALS LIVING IN THE COMMUNITIES WHERE THE SOCIETY HAS FACILITIES THE MEALS ARE DELIVERED BY VOLUNTEERS, MANY ARE EMPLOYEES OF THE SOCIETY COMMUNITY EVENTS - APPROXIMATELY 200,328 COMMUNITY MEMBERS WERE SERVED IN 2011 THE SOCIETY'S STAFF MEMBERS PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS SUCH AS FOOD DRIVES, HIGH SCHOOL MENTORING PROGRAMS, FUNDRAISING WALKS FOR CANCER AND ALZHEIMER'S, DONATIONS FOR CHRISTMAS GIFTS FOR UNDERPRIVILEGED CHILDREN, TRANSPORTATION OF ELDERLY TO CHURCH AND COMMUNITY FUNCTIONS AS WELL AS PARTICIPATION IN COMMUNITY FAIRS AND PARADES HEALTH FAIRS & OTHER PROGRAMS SERVICES - APPROXIMATELY 65,864 COMMUNITY MEMBERS WERE SERVED IN 2011 THE SOCIETY HAS 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

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				618,344	0	23,870
SUSAN E NICKERSON CHAIRPERSON	1 00	X		X				0	0	0
PATRICIA K HAUGEN FIRST VICE CHAIRPERSON	1 00	X		X				0	0	0
NEIL GULSVIG DIRECTOR	1 00	X						0	0	0
CHRISTOPHER T JOHNSON DIRECTOR	1 00	X						0	0	0
ELWIN BROWN DIRECTOR	1 00	X						0	0	0
LORI L BUSSLER DIRECTOR	40 00	X						78,581	0	30,220
REV ANDREA DEGROOT-NESDAHL DIRECTOR	1 00	X						0	0	0
KARI BERIT RAMLO GUSTAFSON DIRECTOR	1 00	X						0	0	0
TERESA HILDEBRANDT DIRECTOR	40 00	X						93,350	0	29,052
REV JOHN F HOLT DIRECTOR	1 00	X						0	0	0
MICHELE JUFFER DIRECTOR	40 00	X						71,391	0	28,369
SHARON ST MARY DIRECTOR	40 00	X						146,241	0	17,996
BRUCE O KALLIS DIRECTOR	40 00	X						69,641	0	32,799
RONALD L KORTEMEYER DIRECTOR	40 00	X						91,596	0	30,233
SCOTT PETERS DIRECTOR	1 00	X						0	0	0
JOANNA RANDALL DIRECTOR	40 00	X						117,698	0	14,328
PAUL R BINDER DIRECTOR	1 00	X						0	0	0
CINDY MOEGENBURG EXECUTIVE VICE PRESIDENT	40 00			X				279,152	0	14,160
RAYE NAE NYLANDER EXECUTIVE VICE PRESIDENT, TREASURER	40 00			X				284,920	0	13,820
JOSEPH HERDINA ASSISTANT TREASURER	40 00			X				185,877	0	25,120
SYLVIA GAUSE SECRETARY	40 00			X				62,247	0	17,187
MISTY HAM-QUICK ASSISTANT TREASURER	40 00			X				41,600	0	6,167
MARY KRAUS 2ND ASSISTANT SECRETARY	1 00			X				0	0	0
DEAN MERTZ VP - WORKFORCE SYSTEMS	40 00				X			277,622	0	13,070

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			
TOM SYVERSON VP - OPERATIONS	40 00				X			168,377	0	27,620
ALAN HIEB VP - OPERATIONS	40 00				X			171,599	0	24,420
PAT KELLY DIRECTOR OF OPERATIONS	40 00				X			159,659	0	13,320
RUSTAN WILLIAMS CHIEF INFO OFFICER	40 00					X		239,711	0	26,120
THOMAS KAPUSTA CHIEF LEGAL OFFICER	40 00					X		232,666	0	8,167
DANNY HANSON DIRECTOR OF OPERATIONS	40 00					X		174,568	0	13,820
LUANN FOOS EXECUTIVE DIRECTOR	40 00					X		199,976	0	8,350
JACCI NICKELL VP - DEVELOPMENT & OPS	40 00					X		170,887	0	25,620

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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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		39,459
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		317,296
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			356,755
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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	1,077,000	1,348,000	1,277,000	1,311,000	
b	Contributions	81,000		51,000	-30,000	
c	Investment earnings or losses	-6,000	-16,000	-25,000	24,000	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	356,000	-255,000	-45,000	28,000	
f	Administrative expenses					
g	End of year balance	1,508,000	1,077,000	1,348,000	1,277,000	

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

- a Board designated or quasi-endowment ▶ 7 000 %
- b Permanent endowment ▶ 40 200 %
- c Term endowment ▶ 52 800 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,745,950		55,745,950
b Buildings		1,243,516,920	610,513,596	633,003,324
c Leasehold improvements		84,693,715	48,059,635	36,634,080
d Equipment		274,748,410	204,676,528	70,071,882
e Other		64,980,228		64,980,228
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				860,435,464

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
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	11,366,029
UNAMORTIZED BOND PREMIUM	2,160,493
ANNUITIES PAYABLE	4,388,241
PAYABLE UNDER INVESTMENT LOAN AGREEMENT	64,889,978
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	82,804,741

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	975,062,144
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	942,390,381
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32,671,763
4	Net unrealized gains (losses) on investments	4	-11,141,507
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,247,407
9	Total adjustments (net) Add lines 4 - 8	9	-8,894,100
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	23,777,663

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	948,988,000
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	7,128		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	633,491		
e	Add lines **2a** through **2d**			2e	640,619
3	Subtract line **2e** from line **1**			3	948,347,381
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	26,714,763		
c	Add lines **4a** and **4b**			4c	26,714,763
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	975,062,144

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

1	Total expenses and losses per audited financial statements			1	933,035,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	7,128		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	633,491		
e	Add lines **2a** through **2d**			2e	640,619
3	Subtract line **2e** from line **1**			3	932,394,381
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	9,996,000		
c	Add lines **4a** and **4b**			4c	9,996,000
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	942,390,381

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SOCIETY'S ENDOWMENT FUNDS WILL BE USED AS DIRECTED BY THE DONOR'S RESTRICTIONS OR THE BOARD'S DESIGNATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	TAX EXEMPT STATUS FOOTNOTE - THE SOCIETY'S U S DOMICILED ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR ARE PASS-THROUGH ENTITIES NOT SUBJECT TO TAX GOOD SAMARITAN SOCIETY INSURANCE, LTD IS AN EXEMPTED COMPANY UNDER THE COMPANIES LAW OF THE CAYMAN ISLANDS THE SOCIETY FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES IN EVALUATING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS THIS STANDARD PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE SOCIETY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE SOCIETY IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE TAX RETURNS FOR THE YEARS 2008 TO 2010 ARE OPEN TO EXAMINATION BY FEDERAL, LOCAL, AND STATE AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		TEMPORARILY RESTRICTED CONTRIBUTIONS 9,700,407 TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTIONS -7,762,000 TRANSFER TO FOUNDATION FROM SOCIETY -104,000 INCREASE IN INTEREST IN TEMPORARILY RESTRICTED NET ASSETS OF THE FOUNDATION 38,000 LOSS FROM DISCONTINUED OPERATIONS -249,000 CONTRIBUTIONS FOR ENDOWMENT FUNDS AND TRUSTS 477,000 DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -320,000 DECREASE IN INTEREST IN THE PERM RESTRICTED NET ASSETS OF THE FOUNDATION 467,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 2,247,407
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE 562,990 GAMING EXPENSE 70,501
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTEREST INCOME 7,824,773 REALIZED GAIN ON SECURITIES 15,340,980 REALIZED LOSS ON SALE OF PROPERTY -8,832,387 GAIN ON EXTINGUISHMENT OF DEBT 3,332 ASSETS RELEASED FOR CAPITAL PURPOSES 4,283,065 REVENUE FROM DISCONTINUED OPERATIONS 8,095,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT FUNDRAISING EXPENSES 562,990 GAMING EXPENSES 70,501
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISCONTINUED OPERATIONS 9,996,000
		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

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	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 Part V 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	THE GRANT WAS USED TO OPEN A SECOND SENIOR CENTER AND SOUP KITCHEN IN TUNJA WHICH PURCHASES AND PREPARES FOOD FOR SENIORS IN SOACHA AND TUNJA, UPGRADING OF 3 SHACKS WHERE SENIORS LIVE, PROVISION OF PROGRAMMING FOR SENIORS AND SUPPORT FOR SHORT-TERM DEVELOPMENT WORK	48,843	CHECKS & WIRE TRANSFERS			

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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 REGULAR CORRESPONDENCE IS RECEIVED FROM THE GRANTEE REGARDING THE PROGRESS OF THEIR INITIATIVES

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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

2011

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.

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 services? ☐ **Yes** ☑ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
Total . . . . . ▶						

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 #1 (event type)	(b) Event #2 GOLF TOURNAMENT #2 (event type)	(c) Other Events 143 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	30,849	56,695	573,675	661,219
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	30,849	56,695	573,675	661,219
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		2,726		2,726
	6 Rent/facility costs	3,400	3,407		6,807
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,243	9,609	537,605	553,457
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(562,990)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				98,229

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	65,174		22,924	88,098
Direct Expenses	2 Cash prizes	49,795		14,008	63,803
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	3,349		3,349	6,698
	6 Volunteer labor	☑ Yes 100 000 % ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(70,501)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				17,597

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? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	100 000 %
b An outside facility	**13b**	0 %

14 Provide 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? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

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 TIM SWOBODA - EXECUTIVE DIRECTOR - ST JAMES, MN - $184SUSAN JENSEN - ADMINISTRATOR - MAPLEWOOD, MN - $184LUANN FOOS - EXECUTIVE DIRECTOR - KISSIMMEE, FL - $3,028MICHAEL DEUTH - EXECUTIVE DIRECTOR - BRAINERD, MN - $194TONY LINN - ADMINISTRATOR - LUVERNE, MN - $151TERESA HILDEBRANDT - DIRECTOR - WINTHROP, MN - $159

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

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
(1) WORLD MISSION PRAYER LEAGUE232 CLIFTON AVE MINNEAPOLIS,MN 55403	41-0786986	501(C)(3)	23,179				CONTRIBUTIONS SUPPORT THE WORK OF LAMB HOSPITAL IN BANGLADESH SPECIFICALLY, OUR CONTRIBUTIONS SUPPORT THE "POOR FUND" WHICH IS MONEY USED FOR OPERATIONS AND MEDICINE FOR THOSE PATIENTS WHO HAVE LITTLE OR NO MONEY THE CONTRIBUTIONS ARE ALSO USED TO SUPPORT THE WORK OF THE CHAPLAINS IN THE HOSPITAL
(2) TEAMPO BOX 969 WHEATON,IL 601890969	36-2169146	501(C)(3)	18,671				CONTRIBUTIONS SUPPORT THE WORK OF THE KARANDA MISSION HOSPITAL IN ZIMBABWE SPECIFICALLY, OUR CONTRIBUTION HELPS PROVIDE MEDICAL SUPPLIES, MEDICINE, AND GENERAL HOSPITAL COSTS FOR THIS MISSION HOSPITAL WHICH IS LOCATED ABOUT 4 HOURS FROM HARARE, THE CAPITAL OF ZIMBABWE
(3) SIOUX EMPIRE UNITED WAY100 N WEST AVE SUITE 120 SIOUX FALLS,SD 57104	46-0233701	501(C)(3)	6,500				CONTRIBUTION
(4) WALLACE COUNTY303 N MAIN ST SHARON SPRINGS,KS 67758	48-6011089	KDS 19-01		58,834	BOOK VALUE	FIXED ASSET INVENTORY	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 THE LOCAL COMMUNITY GROUP WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED
(5) NEW TOWN HEALTH SUPPORT CORPORATION 8583 39TH ST NW NEW TOWN,ND 58763	36-3296437	501(C)(3)		702,550	BOOK VALUE	LAND, BUILDING, AND EQUIPMENT	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 THE LOCAL COMMUNITY GROUP WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED
(6) PARSHALL 20003515 66TH AVE NW PO BOX 116 PARSHALL,ND 58770	45-0441275	501(C)(3)		441,711	BOOK VALUE	LAND, BUILDING, AND EQUIPMENT	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 THE LOCAL COMMUNITY GROUP WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED
(7) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST5049 E BROADWAY SUITE 102 TUCSON,AZ 85712	86-0252302	501(C)(3)	5,000				SOCIAL ACCOUNTABILITY GRANT-PROVIDING HEALTH CARE TO HOMELESS SINGLE WOMEN
(8) SENECA AREA AGENCY ON AGING117 N COOPER OTTUMWA,IA 52501	42-1321239	501(C)(3)	5,327				SOCIAL ACCOUNTABILITY GRANT-MATTER OF BALANCE
(9) FAMILY FOCUS COALITION BBCPO BOX 5 ALLIANCE,NE 69301	47-0794311	501(C)(3)	6,713				SOCIAL ACCOUNTABILITY GRANT-BACK PACK PROGRAM
(10) GRACE UNITED METHODIST CHURCH 11485 S RIDGEVIEW OLATHE,KS 66061	48-0670634	501(C)(3)	6,000				SOCIAL ACCOUNTABILITY GRANT-A+ CURRICULUM FOR CESPRO AND BFS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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
(1) SCHOLARSHIPS	382	618,379			

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
WORLD MISSION PRAYER LEAGUE 232 CLIFTON AVE MINNEAPOLIS,MN 55403	41-0786986	501(C)(3)	23,179				CONTRIBUTIONS SUPPORT THE WORK OF LAMB HOSPITAL IN BANGLADESH SPECIFICALLY, OUR CONTRIBUTIONS SUPPORT THE "POOR FUND" WHICH IS MONEY USED FOR OPERATIONS AND MEDICINE FOR THOSE PATIENTS WHO HAVE LITTLE OR NO MONEY THE CONTRIBUTIONS ARE ALSO USED TO SUPPORT THE WORK OF THE CHAPLAINS IN THE HOSPITAL
TEAMPO BOX 969 WHEATON,IL 601890969	36-2169146	501(C)(3)	18,671				CONTRIBUTIONS SUPPORT THE WORK OF THE KARANDA MISSION HOSPITAL IN ZIMBABWE SPECIFICALLY, OUR CONTRIBUTION HELPS PROVIDE MEDICAL SUPPLIES, MEDICINE, AND GENERAL HOSPITAL COSTS FOR THIS MISSION HOSPITAL WHICH IS LOCATED ABOUT 4 HOURS FROM HARARE, THE CAPITAL OF ZIMBABWE
SIOUX EMPIRE UNITED WAY100 N WEST AVE SUITE 120 SIOUX FALLS,SD 57104	46-0233701	501(C)(3)	6,500				CONTRIBUTION
WALLACE COUNTY 303 N MAIN ST SHARON SPRINGS, KS 67758	48-6011089	KDS 19-01		58,834	BOOK VALUE	FIXED ASSET INVENTORY	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 THE LOCAL COMMUNITY GROUP WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED
NEW TOWN HEALTH SUPPORT CORPORATION 8583 39TH ST NW NEW TOWN,ND 58763	36-3296437	501(C)(3)		702,550	BOOK VALUE	LAND, BUILDING, AND EQUIPMENT	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 THE LOCAL COMMUNITY GROUP WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED
PARSHALL 2000 3515 66TH AVE NW PO BOX 116 PARSHALL,ND 58770	45-0441275	501(C)(3)		441,711	BOOK VALUE	LAND, BUILDING, AND EQUIPMENT	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 THE LOCAL COMMUNITY GROUP WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST5049 E BROADWAY SUITE 102 TUCSON,AZ 85712	86-0252302	501(C)(3)	5,000				SOCIAL ACCOUNTABILITY GRANT-PROVIDING HEALTH CARE TO HOMELESS SINGLE WOMEN
SENECA AREA AGENCY ON AGING 117 N COOPER OTTUMWA,IA 52501	42-1321239	501(C)(3)	5,327				SOCIAL ACCOUNTABILITY GRANT-MATTER OF BALANCE
FAMILY FOCUS COALITION BBCPO BOX 5 ALLIANCE,NE 69301	47-0794311	501(C)(3)	6,713				SOCIAL ACCOUNTABILITY GRANT-BACK PACK PROGRAM
GRACE UNITED METHODIST CHURCH11485 S RIDGEVIEW OLATHE,KS 66061	48-0670634	501(C)(3)	6,000				SOCIAL ACCOUNTABILITY GRANT-A+ CURRICULUM FOR CESPRO AND BFS

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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

2011

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**		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) DAVID J HORAZDOVSKY	(i)	503,311	0	115,033	0	27,887	646,231	0
	(ii)	0	0	0	0	0	0	0
(2) SHARON ST MARY	(i)	99,696	0	46,545	0	17,996	164,237	0
	(ii)	0	0	0	0	0	0	0
(3) CINDY MOEGENBURG	(i)	200,652	0	78,500	0	16,167	295,319	0
	(ii)	0	0	0	0	0	0	0
(4) RAYE NAE NYLANDER	(i)	206,097	0	78,823	0	15,878	300,798	0
	(ii)	0	0	0	0	0	0	0
(5) JOSEPH HERDINA	(i)	143,681	0	42,196	0	26,405	212,282	0
	(ii)	0	0	0	0	0	0	0
(6) DEAN MERTZ	(i)	200,039	0	77,583	0	15,017	292,639	0
	(ii)	0	0	0	0	0	0	0
(7) TOM SYVERSON	(i)	135,231	0	33,146	0	28,893	197,270	0
	(ii)	0	0	0	0	0	0	0
(8) ALAN HIEB	(i)	136,354	0	35,245	0	25,693	197,292	0
	(ii)	0	0	0	0	0	0	0
(9) PAT KELLY	(i)	107,757	0	51,902	0	14,554	174,213	0
	(ii)	0	0	0	0	0	0	0
(10) RUSTAN WILLIAMS	(i)	172,279	0	67,432	0	27,949	267,660	0
	(ii)	0	0	0	0	0	0	0
(11) THOMAS KAPUSTA	(i)	167,798	0	64,868	0	9,939	242,605	0
	(ii)	0	0	0	0	0	0	0
(12) DANNY HANSON	(i)	133,894	0	40,674	0	15,207	189,775	0
	(ii)	0	0	0	0	0	0	0
(13) LUANN FOOS	(i)	110,067	0	89,909	0	8,362	208,338	0
	(ii)	0	0	0	0	0	0	0
(14) JACCI NICKELL	(i)	127,506	0	43,381	0	26,910	197,797	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	TRAVEL FOR COMPANIONS PATRICIA PETERS (SPOUSE OF BOARD MEMBER SCOTT PETERS) $294 20 BRADY RANDALL(SPOUSE OF BOARD MEMBER JOANNA RANDALL) $626 87 KURT HILDEBRANDT (SPOUSE OF BOARD MEMBER TERESA HILDEBRANDT) $84 11 NANCY PENN (SPOUSE OF BOARD MEMBER JOHN PENN) $563 71 BOB BUSSLER(SPOUSE OF BOARD MEMBER LORI BUSSLER) $19 20 GARY NESDAHL(SPOUSE OF BOARD MEMBER REV ANDREA DEGROOT-NESDAHL) $275 00 MARILYN JOHNSON + 2 CHILDREN (SPOUSE OF BOARD MEMBER CHRISTOPHER JOHNSON) $825 00 JANICE GULSVIG (SPOUSE OF BOARD MEMBER NEIL GULSVIG) $275 00 EILEEN BROWN (SPOUSE OF BOARD MEMBER AL BROWN) $275 00 DAWN BINDER (SPOUSE OF BOARD MEMBER PAUL BINDER) $270 00 JOAN HOLT (SPOUSE OF BOARD MEMBER JOHN HOLT) $294 20

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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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COHFA	84-0752932	196474P46	08-31-2004	28,168,375	REFUNDED 1992-1993 AND 2004 BOND ISSUES		X		X		X
B	COHFA	84-0752932	1964742TG	11-15-2005	64,472,262	REFUNDED 1995, 2003, AND 2005 BOND ISSUES		X		X		X
C	COHFA	84-0752932	1964745B2	10-31-2006	108,145,790	REFUNDED 2000 AND 2001 BOND ISSUES		X		X		X
D	COHFA	84-0752932	19648AFY6	12-06-2007	23,830,000	REFUNDED 2003 AND 2006 BOND ISSUES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,528,375	3,677,262	10,695,790	
2	Amount of bonds defeased				
3	Total proceeds of issue	28,168,375	64,472,262	108,145,790	23,830,000
4	Gross proceeds in reserve funds	2,563,735	4,430,998	7,987,341	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	25,154,593	50,708,703	40,680,468	12,347,000
7	Issuance costs from proceeds	420,812	1,046,025	1,365,882	476,600
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		8,283,287	58,112,099	11,006,400
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2004	2007	2008	2009

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?		X		X		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	NA		NA		NA			
c	Term of hedge								
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X
4a	Were gross proceeds invested in a GIC?	X		X			X		X
b	Name of provider	MBIA INC		AIG FINANCIAL PRODUCTS CORP		NA		NA	
c	Term of GIC	13 000000000000		5 000000000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X			X		X
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COHFA	84-0752932	19648ANT8	12-11-2008	28,305,000	REFUNDED 2004 BOND ISSUE		X		X		X
B	COHFA	84-0752932	19648APC3	05-27-2009	80,414,461	REFUNDED 2004 BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,315,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	28,305,000	80,414,461		
4	Gross proceeds in reserve funds		8,175,486		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	27,739,585	20,713,680		
7	Issuance costs from proceeds	565,415	1,381,946		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		50,000		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2010		

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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				

Part IV Arbitrage

		A		B		C		D	
		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				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider	NA		NA					
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	NA		NA					
c	Term of GIC								
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				
6	Did the bond issue qualify for an exception to rebate?	X			X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) THOMAS FRASER	FAMILY RELATIONSHIP	45,124	SALARY AND BENEFIT COSTS		No
(2) WILLIAM KORTEMEYER	FAMILY RELATIONSHIP	13,998	SALARY AND BENEFIT COSTS		No
(3) RYAN MERTZ	FAMILY RELATIONSHIP	64,240	SALARY AND BENEFIT COSTS		No
(4) BUSSLER CONSTRUCTION	FAMILY RELATIONSHIP	21,073	CONSTRUCTION PROJECTS		No
(5) WELLAWARE	BOARD REPRESENTATION	3,487,569	PRODUCTS AND SERVICES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	3	14,780	
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		40,397	FAIR MARKET VALUE
6	Cars and other vehicles	X	9	242,135	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	6	219,615	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	33,908	FAIR MARKET VALUE
17	Real estate—Other	X	1	9,520	FAIR MARKET VALUE
18	Collectibles				
19	Food inventory	X	6	807	FAIR MARKET VALUE
20	Drugs and medical supplies	X	27	26,286	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (MISCELLANEOUS ITEMS)	X	168	245,091	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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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 COMMITTE IS COMPRISED OF THE FOLLOWING BOARD MEMBERS CHAIRPERSON, FIRST VICE CHAIRPERSON, MEMBER-EXECUTIVE COMMITTEE, MEMBER-EXECUTIVE COMMITTE, AND THE PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THERE ARE VOTING AND NON-VOTING MEMBERS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	VOTING MEMBERS ELECT THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS MUST APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 SOCIETY'S CHIEF LEGAL OFFICER THE CHIEF LEGAL OFFICER REPORTS HIS FINDINGS TO THE BOARD CHAIR THE BOARD ULTIMATELY DETERMINES WHETHER OR NOT AN ACTUAL CONFLICT OF INTEREST EXISTS AND THE REMEDIAL STEPS NECESSARY BASED UPON SUCH LEGAL OPINION THE SOCIETY 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	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

Identifier	Return Reference	Explanation
	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
INDEPENDENT BOARD MEMBERS	FORM 990, PART VI, SECTION A, LINE 1B	EACH AND EVERY DAY THE SOCIETY'S TOP LOCAL LEADER POSITION AT ITS 200+ DECENTRALIZED LOCATIONS CARRY OUT 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 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

Identifier	Return Reference	Explanation
SHARING OF HOURS	FORM 990, PART VII, SECTION A, LINE 1	THE ORGANIZATION'S OFFICERS AND DIRECTORS SHARE THEIR TIME BETWEEN THE REPORTING ORGANIZATION AND RELATED ORGANIZATIONS SEE BELOW FOR ALLOCATION OF HOURS CEO & PRESIDENT DAVID J HORAZDOVSKY 55 HOURS GOOD SAMARITAN SOCIETY, 1 HOUR GOOD SAMARITAN FOUNDATION AS CHAIRPERSON CHAIRPERSON SUSAN E NICKERSON 1 HOUR GOOD SAMARITAN SOCIETY, 1 HOUR GOOD SAMARITAN FOUNDATION AS VICE CHAIR

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11,141,507 TEMPORARILY RESTRICTED CONTRIBUTIONS 9,700,407 TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTIONS -7,762,000 TRANSFER TO FOUNDATION FROM SOCIETY -104,000 INCREASE IN INTEREST IN TEMPORARILY RESTRICTED NET ASSETS OF THE FOUNDATION 38,000 LOSS FROM DISCONTINUED OPERATIONS -249,000 CONTRIBUTIONS FOR ENDOWMENT FUNDS AND TRUSTS 477,000 DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -320,000 DECREASE IN INTEREST IN THE PERM RESTRICTED NET ASSETS OF THE FOUNDATION 467,000 TOTAL TO FORM 990, PART XI, LINE 5 -8,894,100

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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

2011

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
(1) GOOD SAMARITAN HERITAGE COMMUNITIES LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-3709355	DEVELOP FACILITIES THAT PROVIDE CONGREGATE AND ASSISTED LIVING TO SENIORS	SD	0	0	TELGSS

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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	(k) Percentage ownership
(1) HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212511	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING GP INC	RELATED				No			No	
(2) OLATHE GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 20-5297369	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	OLATHE GOOD SAMARITAN HOUSING INC	RELATED				No			No	
(3) HOBBS GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 26-1817167	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	HOBBS GOOD SAMARITAN HOUSING GP INC	RELATED				No			No	
(4) OLATHE GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212324	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	MILLARD GOOD SAMARITAN HOUSING INC	RELATED				No			No	
(5) PRESCOTT GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-5115281	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	PRESCOTT GOOD SAMARITAN HOUSING INC	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
(1) IDAHO SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0424311	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	TELGSS	C			100 000 %
(2) GOOD SAMARITAN SOCIETY INSURANCE LTD PO BOX 69 GT CJ 90-0379099	INSURANCE	CJ	TELGSS	C			100 000 %
(3) GOOD SAMARITAN HUMANITARIAN SERVICES INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-5533741	MANAGEMENT SERVICES, UNBUNDLED SERVICES, UNRELATED BUSINESS ACTIVITIES	SD	TELGSS	C			100 000 %
(4) HOBBS GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 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, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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	g Section 512(b)(13) controlled organization	
GOOD SAMARITAN SOCIETY INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0349951	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
BOISE GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 36-3370371	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	PF	TELGSS	Yes	
LOVINGTON GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0392944	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
PROPHETSTOWN GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0392943	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
JASONVILLE GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0396355	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
OLATHE GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0396398	GENERAL PARTNER OF OLATHE GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
MILLARD GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0396332	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0422866	ASSIST TELGSS IN PROVIDNG SENIOR CARE	MN	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
SIOUX FALLS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0385187	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
KEARNEY GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0421846	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	PF	TELGSS	Yes	
HASTINGS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0434693	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
BROOKINGS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0439509	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
GRANTS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0439511	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
VALENTINE GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 91-1751139	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
JEFFERSONTOWN GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 91-1751137	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
GOLDBECK TOWERS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 91-1751135	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
WISCONSIN GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0447338	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
GREELEY GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0456087	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0461264	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
WINFIELD GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-1115155	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	

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	g Section 512 (b)(13) controlled organization	
INVER GROVE HEIGHTS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 76-0789504	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
LEMARS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-4714415	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
ALLIANCE GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-4714573	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
SIOUX FALLS 57 GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-4714647	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
HASTING VILLAGE GARDENS GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212446	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
GOOD SAMARITAN HOLDINGS LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 75-2979560	OWNER OF GOOD SAMARITAN HERITAGE LLC	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
EL PASO GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 27-2876627	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
LEA COUNTY GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 45-3946645	PROVIDE LOW INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 45-2473519	FUTURE GENERAL PARTNER OF LIHTC LIMITED PARTNERSHIP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
PRESCOTT GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 27-5114421	GENERAL PARTNER OF PRESCOTT GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) GOOD SAMARITAN SOCIETY INC	K	156,689	FMV OF TRANSACTION
(2) GOOD SAMARITAN SOCIETY INC	P	811,536	FMV OF TRANSACTION
(3) BOISE GOOD SAMARITAN HOUSING INC	P	234,814	FMV OF TRANSACTION
(4) PROPHETSTOWN GOOD SAMARITAN HOUSING INC	P	64,761	FMV OF TRANSACTION
(5) OLATHE GOOD SAMARITAN HOUSING INC	D	51,312	FMV OF TRANSACTION
(6) THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	B	-2,125,256	FMV OF TRANSACTION
(7) THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	C	1,300,065	FMV OF TRANSACTION
(8) SIOUX FALLS GOOD SAMARITAN HOUSING INC	P	84,274	FMV OF TRANSACTION
(9) KEARNEY GOOD SAMARITAN HOUSING INC	P	289,264	FMV OF TRANSACTION
(10) HASTINGS GOOD SAMARITAN HOUSING INC	P	52,280	FMV OF TRANSACTION
(11) JEFFERSONTOWN GOOD SAMARITAN HOUSING INC	P	75,759	FMV OF TRANSACTION
(12) GREELEY GOOD SAMARITAN HOUSING INC	P	76,506	FMV OF TRANSACTION
(13) SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING INC	P	89,179	FMV OF TRANSACTION
(14) INVER GROVE HEIGHTS GOOD SAMARITAN HOUSING INC	P	65,651	FMV OF TRANSACTION
(15) SIOUX FALLS 57 GOOD SAMARITAN HOUSING INC	P	117,243	FMV OF TRANSACTION
(16) OLATHE GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP	K	73,844	FMV OF TRANSACTION
(17) OLATHE GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP	P	127,036	FMV OF TRANSACTION
(18) HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP	D	5,338,973	FMV OF TRANSACTION
(19) MILLARD GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP	D	579,462	FMV OF TRANSACTION
(20) GOOD SAMARITAN SOCIETY INSURANCE LTD	I	12,131,893	FMV OF TRANSACTION

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	GOOD SAMARITAN SOCIETY INSURANCE LTD	C	1,025,000	FMV OF TRANSACTION
(22)	GOOD SAMARITAN HERITAGE COMMUNITIES LLC	A	101,142	FMV OF TRANSACTION