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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) 4800 WEST 57TH STREET BOX 5038 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SIOUX FALLS, SD 571175038

D Employer identification number
45-0228055

E Telephone number
(605) 362-3100

G Gross receipts $ 1,420,287,292

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 2013 (Part V, line 2a)	5	27,259
6	Total number of volunteers (estimate if necessary)	6	1,890
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,999,744
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-868,124

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,031,754	19,107,739
9	Program service revenue (Part VIII, line 2g)	934,323,931	945,673,734
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,293,474	2,289,662
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,029,599	12,706,632
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	968,678,758	979,777,767
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,409,710	28,646,285
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)	571,782,028	573,413,646
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	98,791
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,462,920		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	380,576,090	377,362,169
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	956,767,828	979,520,891
19	Revenue less expenses Subtract line 18 from line 12	11,910,930	256,876

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,607,297,528	1,646,887,969
21	Total liabilities (Part X, line 26)	856,534,151	887,791,517
22	Net assets or fund balances Subtract line 21 from line 20	750,763,377	759,096,452

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

****** | 2014-11-05
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TERRANCE O'REILLY				P00068340

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402 | 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 or note to any line 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 "(CONTINUED ON SCHEDULE O)

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 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 $ 612,565,422 including grants of $ 28,646,285) (Revenue $ 728,582,901)

SKILLED NURSING SERVICES - REHABILITATION/SKILLED NURSING SERVICES HAVE BEEN AT THE CORE OF THE SOCIETY'S SERVICES OVER ITS 91-YEAR HISTORY THE SOCIETY APPROACHES CARE FOR THOSE WE SERVE IN A "HOLISTIC" MANNER IN THAT REGARD, CARE FOR THE SPIRITUAL, EMOTIONAL AND SOCIAL DIMENSIONS OF OUR SKILLED NURSING RESIDENTS IS AS IMPORTANT AS THE PHYSICAL CARE THAT IS PROVIDED TO SOCIETY RESIDENTS EVERY HOUR OF EVERY DAY SERVICES PROVIDED IN SOCIETY SKILLED NURSING FACILITIES INCLUDE COMPREHENSIVE PROFESSIONAL NURSING CARE, REHABILITATION SERVICES, AS WELL AS A HIGH QUALITY OF RELATED SERVICES SUCH AS DIETARY, RECREATIONAL AND OTHER ACTIVITIES, MEDICATION ADMINISTRATION, AND OTHER SERVICES THAT MEET THE HOLISTIC NEEDS OF THOSE THE SOCIETY IS CALLED TO SERVE THE SOCIETY IS THE LARGEST NOT-FOR-PROFIT PROVIDER OF REHABILITATION/SKILLED NURSING SERVICES - AND THE NINTH LARGEST OVERALL - IN THE UNITED STATES BUT SIZE IS NOT THE SOCIETY'S OBJECTIVE INSTEAD, SEEKING TO MEET THE NEEDS OF "OLDER PERSONS AND OTHERS IN NEED" TO IMPROVE THEIR WELL-BEING - AS THEY DEFINE IT - REMAINS PARAMOUNT STATISTICALLY, THE SOCIETY PROVIDED A TOTAL OF 3,482,396 SKILLED NURSING HOME DAYS OF CARE AND SERVICE IN 2013 THE SOCIETY CONTINUES TO REINVEST MUCH OF ITS REVENUE TO BUILD AND REVITALIZE ITS FACILITIES ON CAMPUSES THROUGHOUT THE COUNTRY

4b (Code) (Expenses $ 54,449,343 including grants of $ 0) (Revenue $ 64,761,835)

ASSISTED LIVING SERVICES - ASSISTED LIVING SERVICES RESPOND TO THE SOCIETY'S RESIDENTS' NEEDS EACH DAY IN A "HOME-LIKE" ENVIRONMENT IN 2013, THE SOCIETY PROVIDED 711,608 RESIDENT DAYS IN ASSISTED LIVING LOCATIONS THIS IMPORTANT LEVEL OF CARE PROVIDES A VITAL, INTERMEDIATE LEVEL OF CARE FOR INDIVIDUALS WHO ARE NEITHER ABLE TO LIVE INDEPENDENTLY NOR ARE IN NEED OF SKILLED NURSING SERVICES THE LIST OF SERVICES PROVIDED IN SOCIETY ASSISTED LIVING FACILITIES HIGHLIGHTS AN ENVIRONMENT THAT PROVIDES FOR THE HOLISTIC CARE OF ITS RESIDENTS SERVICES INCLUDE THREE NUTRITIOUS MEALS A DAY, HOUSEKEEPING, LAUNDRY SERVICE, 24-HOUR STAFFING (IN ADDITION TO EMERGENCY CALL SYSTEMS), SCHEDULED TRANSPORTATION, AND MEDICATION ASSISTANCE COORDINATED SPIRITUAL AND SOCIAL PROGRAMS ARE OFFERED FOR THE TOTAL WELL-BEING OF THE RESIDENTS

4c (Code) (Expenses $ 75,008,334 including grants of $ 0) (Revenue $ 89,214,617)

HOUSING WITH SERVICES ALSO REFERRED TO AS INDEPENDENT OR SENIOR HOUSING, HOUSING WITH SERVICES HAS BEEN A GROWING PART OF THE SOCIETY'S MINISTRY FOR MANY YEARS WITH 10,000 PEOPLE RETIRING EACH AND EVERY DAY IN THE UNITED STATES - AND WITH EVER-INCREASING NUMBERS OCCURRING IN FUTURE YEARS - THE PROVISION OF SENIOR LIVING/HOUSING WILL TAKE ON INCREASING IMPORTANCE IN YEARS TO COME THE SOCIETY RECOGNIZES THIS GROWTH AND HAS MADE EXPANSION OF SENIOR LIVING SERVICES AND LOCATIONS A MAJOR PART OF ITS CORPORATE STRATEGIC PLANNING IN 2013, THE SOCIETY RECORDED 1,745,592 SENIOR LIVING DAYS OF SERVICE TO RESIDENTS THROUGHOUT THE COUNTRY CAMPUSES FEATURE ATTRACTIVE GROUNDS, A VARIETY OF COMMON SPACE AND MULTI-PURPOSE ROOMS FOR RESIDENT AND FAMILY INTERACTION AND COMMUNITY GATHERINGS, LIBRARIES AND READING ROOMS, LARGE COMMON KITCHENS, CABLE TV AND PHONE SERVICE, AND THE AVAILABILITY OF COMPUTER/INTERNET SERVICES TO ALLOW AND ENCOURAGE ELECTRONIC CONNECTIVITY WITH FAMILY AND FRIENDS FURTHER, VARIOUS SENIOR LEARNING OPPORTUNITIES ARE PROVIDED ON SENIOR LIVING CAMPUSES IN ADDITION TO THE SPIRITUAL AND SOCIAL PROGRAMS OFFERED IN REHABILITATION/SKILLED NURSING SERVICES AND ASSISTED LIVING

(Code) (Expenses $ 56,402,644 including grants of $ 0) (Revenue $ 67,085,083)

ACROSS MANY OF ITS SETTINGS, THE SOCIETY HAS MADE A SIGNIFICANT INVESTMENT AND COMMITMENT TO THE USE OF TECHNOLOGY IN THE VARIOUS LEVELS OF CARE THAT IT PROVIDES IN ITS SUITE OF SERVICES MOST NOTABLY, A SENSOR TECHNOLOGY PROGRAM - CALLED LIVINGWELL@HOME - IS BEING ROLLED OUT THROUGHOUT THE SOCIETY'S LOCATIONS, INCLUDING IN THOUSANDS OF ITS CARE AND LIVING SPACES NATIONWIDE THIS PROGRAM LEVERAGES TECHNOLOGY TO UNOBTRUSIVELY MONITOR RESIDENTS' DAILY LIVING BEHAVIORS AND ACTIVITIES, THUS ALLOWING THEM TO EXTEND AND EVEN CONTROL THEIR INDEPENDENCE WHILE GIVING COMFORT TO FAMILY MEMBERS WHO MAY NOT LIVE CLOSE BY HOME HEALTH SERVICES - THE SOCIETY SERVED APPROXIMATELY 10,628 CLIENTS IN 2013 THROUGH HOME HEALTH SERVICES HOME HEALTH SERVICES PROVIDE A RANGE OF OPTIONS INCLUDING 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 SURGERY OR HAVE AN ILLNESS THAT TEMPORARILY PREVENTS THEM FROM PERFORMING A DAILY LIVING TASK

4d Other program services (Describe in Schedule O)

(Expenses $ 56,402,644 including grants of $) (Revenue $ 67,085,083)

4e Total program service expenses ▶ 798,425,743

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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**	Yes	
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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,550		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27,259		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See 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 as charitable contributions? . . .	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		Yes	
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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**	Yes	
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 this 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**		No
	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 ▶ AL , AK , AR , CA , CO , CT , DC , FL , GA , IL , KS , KY , ME , MD , MI , MN , MS , NH , NJ , NM , NY , ND , OH , OK , PA , RI , TN , UT , VA , WA , WI , WV , HI , NC

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 ☐ Other (explain in Schedule O)

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 during the tax year

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 or note to any line in this Part VII . . . . . ☐

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,249,599	0	535,176

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 ▶ 67

			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 SERVICES	22,494,592
KRAUS-ANDERSON CONSTRUCTION 8625 RENDOVA STREET NE CIRCLE PINES MN 55014	GENERAL CONTRACTOR - INCLUDES MATERIALS	10,724,334
GUSTAFSON BUILDERS PO BOX 1376 RAPID CITY SD 57709	GENERAL CONTRACTOR - INCLUDES MATERIALS	9,676,713
INFINITY REHAB 25117 SW PARKWAY SUITE D WILSONVILLE OR 97070	CONTRACT THERAPY SERVICES	4,087,320
REHABCARE GROUP INC BOX 503534 ST LOUIS MO 631503534	CONTRACT THERAPY SERVICES	3,870,708
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 ▶ 208		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,211,847			
	e	Government grants (contributions)	1e	1,207,538			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,688,354			
	g	Noncash contributions included in lines 1a-1f $		1,324,447			
	h	**Total.** Add lines 1a-1f . . . . . ▶		19,107,739			
Program Service Revenue			Business Code				
	2a	RESIDENT ROUTINE CARE	623000	860,790,989	860,790,989		
	b	ANCILLARY SERVICES	623000	70,396,045	70,396,045		
	c	SURCHARGE	623000	6,596,967	6,596,967		
	d	RENT	623000	2,833,327	2,833,327		
	e	A/L ANCILLARY SERVICES	623000	1,378,074			1,378,074
	f	All other program service revenue		3,678,332			3,678,332
	g	**Total.** Add lines 2a–2f . . . . . ▶		945,673,734			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,317,539			7,317,539
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a Gross rents	1,917,441	146,601				
	b Less rental expenses	0	0				
	c Rental income or (loss)	1,917,441	146,601				
	d Net rental income or (loss) . . . . . ▶			2,064,042	146,601		1,917,441

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	394,076,875	40,966,981				
	b Less cost or other basis and sales expenses	381,077,112	58,994,621				
	c Gain or (loss)	12,999,763	-18,027,640				
	d Net gain or (loss) . . . . . ▶			-5,027,877			-5,027,877
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a		319,318				
	b Less direct expenses . . . b		266,966				
	c Net income or (loss) from fundraising events . . ▶			52,352			52,352
	9a Gross income from gaming activities See Part IV, line 19 . . . a		67,888				
	b Less direct expenses . . . b		50,211				
	c Net income or (loss) from gaming activities . . ▶			17,677			17,677
	10a Gross sales of inventory, less returns and allowances . a		298,364				
	b Less cost of goods sold . . b		120,615				
	c Net income or (loss) from sales of inventory . . ▶			177,749			177,749
	Miscellaneous Revenue		Business Code				
	11a EMPLOYEE & GUEST MEALS		722210	5,860,180		624,628	5,235,552
	b ADMINISTRATIVE SERVICES		561000	3,824,100	2,559,371	1,264,729	
	c MISCELLANEOUS		900099	1,411,233		12,387	1,398,846
	d All other revenue			-700,701		98,000	-798,701
	e **Total.** Add lines 11a–11d . . . . . ▶			10,394,812			
	12 **Total revenue.** See Instructions . . . . . ▶			979,777,767	943,323,300	1,999,744	15,346,984

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)

Check if Schedule O contains a response or note to any line 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	28,201,455	28,201,455		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	405,703	405,703		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	39,127	39,127		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,597,029	4,597,029		
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	475,774,308	390,546,860	83,190,380	2,037,068
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,929,927	8,166,489	1,721,289	42,149
9 Other employee benefits	43,779,631	35,924,042	7,667,828	187,761
10 Payroll taxes	39,332,751	32,347,718	6,818,080	166,953
11 Fees for services (non-employees)				
a Management				
b Legal	2,188,874		2,188,874	
c Accounting	441,662		441,662	
d Lobbying	166,339		166,339	
e Professional fundraising services See Part IV, line 17	98,791			98,791
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	77,171,761	69,592,068	7,450,260	129,433
12 Advertising and promotion	5,041,149	-55	5,034,406	6,798
13 Office expenses	10,262,487	52,610	10,145,910	63,967
14 Information technology	8,888,032		8,888,032	
15 Royalties . .				
16 Occupancy	34,644,310	34,644,310		
17 Travel	7,380,989	3,738,402	3,620,681	21,906
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	142,786		142,786	
20 Interest	20,979,328	20,752,796	220,335	6,197
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,745,933	55,273,897	11,158,209	313,827
23 Insurance	20,017,303	16,576,805	3,346,380	94,118
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	85,108,440	85,108,440		
b EQUIPMENT MAINTENANCE	18,545,230	15,761,442	2,783,788	
c LICENSE SURCHARGE	17,250,326	17,250,326		
d UNCOLLECTIBLE EXPENSE	8,477,893		8,477,893	
e All other expenses	-6,090,673	-20,553,721	14,169,096	293,952
25 **Total functional expenses.** Add lines 1 through 24e	979,520,891	798,425,743	177,632,228	3,462,920
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		12,108,446	1	17,633,086
	2	Savings and temporary cash investments		1,062,453	2	875,503
	3	Pledges and grants receivable, net		617,803	3	1,636,554
	4	Accounts receivable, net		87,110,609	4	84,442,907
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		41,132,516	7	7,833,859
	8	Inventories for sale or use		6,248,117	8	5,787,887
	9	Prepaid expenses and deferred charges		6,334,373	9	6,313,194
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,855,094,597			
	b	Less accumulated depreciation	10b 934,241,122	901,205,625	10c	920,853,475
	11	Investments—publicly traded securities		478,975,029	11	481,534,929
	12	Investments—other securities See Part IV, line 11		4,279,840	12	4,503,441
	13	Investments—program-related See Part IV, line 11		46,421,540	13	71,606,588
	14	Intangible assets		443,200	14	4,063,283
	15	Other assets See Part IV, line 11		21,357,977	15	39,803,263
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,607,297,528	16	1,646,887,969
Liabilities	17	Accounts payable and accrued expenses		90,019,982	17	92,915,623
	18	Grants payable			18	
	19	Deferred revenue		4,550,373	19	4,442,080
	20	Tax-exempt bond liabilities		570,151,813	20	582,455,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		88,070,433	21	95,190,838
	22	Loans and other 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		41,484,684	23	33,967,522
	24	Unsecured notes and loans payable to unrelated third parties		41,000	24	12,256
	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		62,215,866	25	78,808,198
	26	**Total liabilities.** Add lines 17 through 25		856,534,151	26	887,791,517
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		715,012,588	27	718,000,298
	28	Temporarily restricted net assets		18,377,094	28	22,385,617
	29	Permanently restricted net assets		17,373,695	29	18,710,537
		Organizations that do not follow SFAS 117 (ASC 958), 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		750,763,377	33	759,096,452
	34	Total liabilities and net assets/fund balances		1,607,297,528	34	1,646,887,969

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	979,777,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	979,520,891
3	Revenue less expenses Subtract line 2 from line 1	3	256,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	750,763,377
5	Net unrealized gains (losses) on investments	5	6,728,720
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,347,479
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	759,096,452

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

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 (list any hours for related organizations below dotted line)	(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			
DAVID J HORAZDOVSKY PRESIDENT & CEO	55 00 1 00	X		X				680,057	0	14,411
NEIL GULSVIG CHAIRPERSON	3 30 1 30	X		X				0	0	0
PATRICIA K HAUGEN CHAIRPERSON	3 30 1 30	X		X				0	0	0
REV JOHN F HOLT FIRST VICE CHAIRPERSON	3 30 60	X		X				0	0	0
CHRISTOPHER T JOHNSON DIRECTOR	3 30 60	X						0	0	0
ELWIN BROWN DIRECTOR	3 30 60	X						0	0	0
LORI L BUSSLER DIRECTOR	50 00 10	X						81,504	0	30,535
REV ANDREA DEGROOT-NESDAHL DIRECTOR	3 30 10	X						0	0	0
KARI BERIT RAMLO GUSTAFSON DIRECTOR	3 30 10	X						0	0	0
TERESA HILDEBRANDT DIRECTOR	50 00 10	X						96,077	0	29,384
PHILIP SAMUELSON DIRECTOR	50 00 10	X						97,967	0	6,842
MICHELE JUFFER DIRECTOR	50 00 10	X						72,767	0	27,778
DR GWEN WAGSTROM HALAAS DIRECTOR	3 30 10	X						0	0	0
DR LIANE M CONNELLY DIRECTOR	3 30 10	X						0	0	0
JOANNA RANDALL DIRECTOR	50 00 10	X						132,839	0	6,197
SHARON ST MARY DIRECTOR	50 00 10	X						144,014	0	14,383
MICHAEL DEUTH DIRECTOR	50 00 10	X						120,281	0	25,212
H THEODORE GRINDAL DIRECTOR	3 30 10	X						0	0	0
JACK MOORMAN DIRECTOR	3 30 10	X						0	0	0
GUY MATSON DIRECTOR	50 00 10	X						98,864	0	32,280
JOHN RACEK DIRECTOR	3 30 10	X						0	0	0
CINDY MOEGENBURG EXECUTIVE VICE PRESIDENT	55 00 1 00			X				315,265	0	14,383
RAYE NAE NYLANDER EXECUTIVE VICE PRESIDENT,TREASURER	55 00 1 00			X				327,807	0	14,383
JOSEPH HERDINA ASSISTANT TREASURER	55 00 1 00			X				192,077	0	25,212
SYLVIA GAUSE SECRETARY	40 00 1 00			X				63,253	0	17,322

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 (list any hours for related organizations below dotted line)	(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			
MISTY HAM-QUICK ASSISTANT SECRETARY	45 00 1 00			X				36,685	0	17,059
DEAN MERTZ VP - WORKFORCE SYSTEMS	55 00				X			300,824	0	14,383
TOM SYVERSON VP - OPERATIONS	55 00				X			190,835	0	25,212
ALAN HIEB VP - OPERATIONS	55 00				X			188,666	0	24,712
PAT KELLY DIRECTOR OF OPERATIONS	55 00				X			174,028	0	8,880
SUSAN RAPER DIRECTOR OF OPERATIONS	55 00				X			168,546	0	25,212
TED BECKER DIRECTOR OF OPERATIONS	55 00				X			178,090	0	14,383
DAN FOSNESS DIRECTOR OF OPERATIONS	55 00				X			170,661	0	16,637
JAMES DROPPERS DIRECTOR OF OPERATIONS	55 00				X			158,202	0	25,212
DAN HAMES DIRECTOR OF OPERATIONS	55 00				X			152,500	0	25,212
RUSTAN WILLIAMS CHIEF INFO OFFICER	55 00					X		286,839	0	25,212
THOMAS KAPUSTA CHIEF LEGAL OFFICER	55 00					X		287,339	0	13,883
DANNY HANSON DIRECTOR OF OPERATIONS	55 00					X		176,883	0	14,383
RANDY FITZGERALD DIRECTOR OF OPERATIONS	55 00					X		181,422	0	12,091
MICHAEL HINSON DIRECTOR OF OPERATIONS	55 00					X		175,307	0	14,383

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see 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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,940,807	10,983,028	11,021,275	16,031,754	19,112,946	66,089,810
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	904,602,868	911,859,071	945,148,214	934,780,394	946,359,304	4,642,749,851
3 Gross receipts from activities that are not an unrelated trade or business under section 513	96,790	86,533	88,098	189,519	366,252	827,192
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	913,640,465	922,928,632	956,257,587	951,001,667	965,838,502	4,709,666,853
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)						4,709,666,853

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	913,640,465	922,928,632	956,257,587	951,001,667	965,838,502	4,709,666,853
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,053,276	9,998,217	9,182,093	8,835,266	9,381,581	48,450,433
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,053,276	9,998,217	9,182,093	8,835,266	9,381,581	48,450,433
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)	1,927,402	1,224,976	1,743,415	9,546,162	8,395,068	22,837,023
13 **Total support.** (Add lines 9, 10c, 11, and 12)	926,621,143	934,151,825	967,183,095	969,383,095	983,615,151	4,780,954,309

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 2013 (line 8, column (f) divided by line 13, column (f))	15	98 510 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	98 640 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	1 010 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	1 030 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME	ADMINISTRATIVE SERVICES - 2009 AMOUNT $ 2,006,702 2010 AMOUNT $ 1,928,306 2011 AMOUNT $ 1,740,083 2012 AMOUNT $ 2,718,788 2013 AMOUNT $ 2,559,371 GAINLOSS ON EXTINGUISHMENT OF DEBT - 2009 AMOUNT $ -79,300 2010 AMOUNT $ -464,800 2011 AMOUNT $ 3,332 2012 AMOUNT $ -3,236,037 2013 AMOUNT $ -3,249,071 INTEREST RATE SWAP ADJUSTMENT - 2010 AMOUNT $ -238,530 OTHER REVENUE - 2012 AMOUNT $ 10,063,411 2013 AMOUNT $ 9,084,768

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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, Part V, 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 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 function 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		40,641
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		359,204
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			399,845
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,966,000	1,508,000	1,077,000	1,348,000	1,277,000
b	Contributions	617,000	6,000	81,000		51,000
c	Net investment earnings, gains, and losses	-3,000	14,000	-6,000	-16,000	-25,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-400,000	-438,000	356,000	-255,000	-45,000
f	Administrative expenses					
g	End of year balance	2,980,000	1,966,000	1,508,000	1,077,000	1,348,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 3 500 %
- b Permanent endowment ▶ 41 400 %
- c Temporarily restricted endowment ▶ 55 100 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		60,030,121		60,030,121
b Buildings		1,350,600,288	679,337,072	671,263,216
c Leasehold improvements		91,503,862	53,475,205	38,028,657
d Equipment		271,202,135	201,428,845	69,773,290
e Other		81,758,191		81,758,191
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				920,853,475

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
REAL ESTATE TAXES & OTHER LIABILITIES	13,192,446
UNAMORTIZED BOND PREMIUM	5,126,933
ANNUITIES PAYABLE	3,126,758
PAYABLE UNDER INVESTMENT LOAN AGREEMENT	39,741,077
NON-REFUNDABLE APARTMENT ENTRANCE FEES	17,620,984
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	78,808,198

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	964,178,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	5,125,151		
e	Add lines **2a** through **2d**			2e	5,125,151
3	Subtract line **2e** from line **1**			3	959,053,648
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 XIII)	4b	20,724,119		
c	Add lines **4a** and **4b**			4c	20,724,119
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	979,777,767

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	970,196,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-9,324,018		
e	Add lines **2a** through **2d**			2e	-9,324,018
3	Subtract line **2e** from line **1**			3	979,520,890
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	979,520,890

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	AS SET FORTH BY FEDERAL AND STATE REGULATIONS, THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY (SOCIETY) PROVIDES RESIDENT TRUST ACCOUNT (RTA) SERVICES FOR RESIDENTS THESE RTA FUNDS ARE NOT COMMINGLED WITH SOCIETY FUNDS, ARE ACCESSIBLE FOR RESIDENTS' USE, HAVE DETAILED ACCOUNTING RECORDS MAINTAINED ON AN INDIVIDUAL RESIDENT BASIS, AND FOLLOW BOTH FEDERAL AND STATE REGULATIONS REGARDING THE HANDLING AND DOCUMENTATION OF ACTIVITY AS RTA FUNDS ARE HELD IN TRUST FOR RESIDENTS, A RESIDENT MAY AUTHORIZE THAT THEIR RTA FUNDS BE RETURNED TO THE RESIDENT OR THEIR DESIGNEE (REPRESENTATIVE PAYEE, FINANCIAL POWER OF ATTORNEY, GUARDIAN, ETC) AT ANY TIME ADDITIONALLY, WHEN A RESIDENT IS DISCHARGED FROM A FACILITY, THEIR RTA FUNDS ARE RETURNED TO THE RESIDENT OR THEIR AUTHORIZED DESIGNEE IF A RESIDENT EXPIRES WITH RTA FUNDS ON HAND, SPECIFIC STATE REGULATIONS ALONG WITH STATE AND/OR FEDERAL AGENCIES GUIDELINES ARE REVIEWED TO ENSURE THESE RTA FUNDS ARE HANDLED APPROPRIATELY
PART V, LINE 4	THE SOCIETY'S ENDOWMENT FUNDS WILL BE USED AS DIRECTED BY THE DONOR'S RESTRICTIONS OR THE BOARD'S DESIGNATION
PART X, LINE 2	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 2010 TO 2012 ARE OPEN TO EXAMINATION BY FEDERAL, LOCAL, AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATING PURPOSES 5,119,944 INTERCOMPANY TRANSACTION 5,207
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTEREST INCOME 8,256,100 REALIZED GAIN ON SECURITIES 12,061,202 REALIZED LOSS ON SALE OF PROPERTY -18,027,640 LOSS ON EXTINGUISHMENT OF DEBT -3,249,071 T/R CONTRIBUTIONS 13,703,391 CONTRIBS FOR ENDOWMENT FUNDS & TRUSTS 1,003,923 REVENUE FROM DISCONTINUED OPERATIONS 7,414,006 SPECIAL EVENT FUNDRAISING EXPENSES -266,966 GAMING EXPENSES -50,211 COGS - GIFT SHOP EXPENSES -120,615 ROUNDING
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES 266,966 GAMING EXPENSES 50,211 COGS - GIFT SHOP EXPENSES 120,615 EXPENSES FROM DISCONTINUED OPS -9,767,017 INTERCOMPANY TRANSACTION 5,207
FORM 990, PART IV, LINE 2A	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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
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. Part II can be duplicated 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH AMERICA	OUR CONTRIBUTION TO THE EVANGELICAL LUTHERAN CHURCH IN COLOMBIA GOES TO SUPPORT THEIR WORK WITH ELDERS IN TWO LOCATIONS - SOACHA AND TUNJA SPECIFICALLY, OUR CONTRIBUTION HELPS PROVIDE SHELTER, FOOD AND SOCIAL SERVICES FOR ABOUT 50 ELDERS IN SOACHA AND 30 ELDERS IN TUNJA	39,127	WIRE TRANSFERS			
(2)								
(3)								
(4)								

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	RTS CONSULTING 9727 DORSET LANE EDEN PRAIRIE, MN 55347	CAMPAIGN CONSULTATION		No	13,378	75,998	-62,620
2	CLIFTONLARSONALLEN 200 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 554021436	ASSISTANCE WITH GRANT APPLICATION		No	0	22,793	-22,793
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					13,378	98,791	-85,413

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 BOWLING EVENT (event type)	(c) Other events 96 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	34,807	74,428	210,083	319,318
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	34,807	74,428	210,083	319,318
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,100			1,100
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,735	12,525	245,606	265,866
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(266,966)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				52,352

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	63,723		4,165	67,888
Direct Expenses	2 Cash prizes	47,522		653	48,175
	3 Non-cash prizes			503	503
	4 Rent/facility costs				
	5 Other direct expenses	1,533			1,533
	6 Volunteer labor	☑ Yes 71.000 % ☐ No	☐ Yes % ☐ No	☑ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				50,211
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				17,677

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 THE SOCIETY IS REGISTERED IN THE STATE OF MINNESOTA THEY ARE NOT REQUIRED TO BE REGISTERED IN THE STATE OF FLORIDA SO THEY HAVE NOT REGISTERED IN THAT STATE

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	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ CHARLES HIATT

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ 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 SUSAN JENSEN - ADMINISTRATOR - MAPLEWOOD, MN - $194DAREN RIFE - ADMINISTRATOR - WESTBROOK, MN - $220SHARON ST MARY- ADMINISTRATOR - ROBBINSDALE, MN - $252LUANN FOOS - EXECUTIVE DIRECTOR - KISSIMMEE, FL - $3,197

☐ 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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART III, LINE 6, COLUMN C PERCENT OF VOLUNTEER LABOR	THE SOCIETY'S VARIOUS FACILITIES CONDUCT LIMITED CHARITABLE GAMING ACTIVITIES AND EACH USES VOLUNTEER LABOR EACH FACILITY REPORTED A DIFFERENT AMOUNT OF VOLUNTEER LABOR FOR THEIR GAMING ACTIVITIES, THEY ARE SPECIALTY CARE - 10 HOURS MAPLEWOOD - 100% WESTBROOK - 10%

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	275	405,703			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE SOCIETY PROVIDES GRANTS TO ORGANIZATIONS TO SUPPORT VARIOUS CAUSES EACH YEAR GENERAL CORRESPONDENCE WITH THE RECIPIENTS OF THESE GRANTS IS USED WHEN NEEDED WHILE MONITORING THE USE OF THE GRANTED MONIES 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

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)	23,957				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

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
TEAM PO BOX 969 WHEATON,IL 601890969	36-2169146	501(C)(3)	34,068				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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIOUX EMPIRE UNITED WAY 100 N WEST AVE SUITE 120 SIOUX FALLS,SD 57104	46-0233701	501(C)(3)	7,250				CONTRIBUTION

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
GOOD SAMARITAN SOCIETY INC 4800 W 57TH ST SIOUX FALLS,SD 57108	46-0349951	501(C)(3)	11,811	17,470	FMV	PAYMENT OF INSURANCE AND SETTLEMENTS	CONTRIBUTIONS TO ASSIST WITH OPERATIONS

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
BOISE GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS,SD 57108	36-3370371	501(C)(3)	0	6,698	FMV	PAYMENT OF INSURANCE PREMIUMS	CONTRIBUTIONS TO ASSIST WITH OPERATIONS

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
KEARNEY GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS,SD 57108	46-0421846	501(C)(3)	12,114				CONTRIBUTIONS TO ASSIST WITH OPERATIONS

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
LOVINGTON GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS,SD 57108	46-0392994	501(C)(3)	0	410,071	BOOK	FORGIVENESS OF DEBT	FORGIVENESS OF DEBT

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
GRANTS GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS,SD 57108	46-0439511	501(C)(3)	8,038	156,890	BOOK	FORGIVENESS OF DEBT (154,223) AND PAYMENT OF INSURANCE PREMIUMS (2,667)	FORGIVENESS OF DEBT AND CONTRIBUTIONS TO ASSIST WITH OPERATIONS

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
POSTVILLE COMMUNITY SUPPORT 116 EAST MILITARY ROAD POSTVILLE,IA 52162	81-0650895	501(C)(3)	6,000				SOCIAL ACCOUNTABILITY GRANT

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
LENNOX ELEMENTARY 305 WEST 5TH AVENUE LENNOX,SD 57039	46-6000220	TAX EXEMPT SCHOOL DI	5,000				SOCIAL ACCOUNTABILITY GRANT

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
CROSSROADS RESCUE MISSION 1404 EAST 49TH STREET KEARNEY,NE 68847	47-0700215	501(C)(3)	5,000				SOCIAL ACCOUNTABILITY GRANT

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
MESILLA VALLEY COMMUNITY OF HOPE 999 WEST AMADOR AVENUE LAS CRUCES,NM 88005	85-0410134	501(C)(3)	5,060				SOCIAL ACCOUNTABILITY GRANT

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
INTERFAITH MINISTRIES OF DENTON INC 1109 NORTH ELM STREET DENTON,TX 76201	75-2442459	501(C)(3)	5,000				SOCIAL ACCOUNTABILITY GRANT

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
ALLAMAKEE COUNTY ECONOMIC DEVELOPMENT 101 WEST MAIN WAUKON,IA 52172	42-1352802	501(C)(3)	14,100				SOCIAL ACCOUNTABILITY GRANT AND CONTRIBUTION

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
MOUNTAIN LAKE ASSEMBLY OF GOD CHURCH PO BOX 532 MOUNTAIN LAKE, MN 56159	41-6087406	501(C)(3)	0	35,699	BOOK	BUILDING AND LAND	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY IS A 501(C)(3) NONPROFIT CORPORATION WHOSE PURPOSES INCLUDE TO ENGAGE IN WORK OF A CHARITABLE AND RELIGIOUS NATURE BY PARTICIPATION IN ANY CHARITABLE OR RELIGIOUS ACTIVITY DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY THE DONATION OF THIS PROPERTY TO ANOTHER 501(C)(3) ENTITY WILL BENEFIT AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN WHICH IT IS LOCATED

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
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION 4800 W 57TH ST SIOUX FALLS,SD 57117	46-0422866	501(C)(3)	27,437,229				TO SUPPORT THE GENERAL OPERATIONS AND TRANSFER OF GIFTS TO BE HELD BY THE FOUNDATION

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS EILEEN BROWN(SPOUSE OF BOARD MEMBER AL BROWN) $117 04 JOAN HOLT(SPOUSE OF BOARD MEMBER JOHN HOLT) $55 53

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DAVID J HORAZDOVSKY PRESIDENT & CEO	(I)	584,133	0	95,924	0	15,256	695,313	0
	(II)	0	0	0	0	0	0	0
SHARON ST MARY DIRECTOR	(I)	95,406	0	48,608	0	15,229	159,243	0
	(II)	0	0	0	0	0	0	0
CINDY MOEGENBURG EXECUTIVE VICE PRESIDENT	(I)	244,788	0	70,477	0	15,229	330,494	0
	(II)	0	0	0	0	0	0	0
RAYE NAE NYLANDER EXECUTIVE VICE PRESIDENT,TREASURER	(I)	245,780	0	82,027	0	15,229	343,036	0
	(II)	0	0	0	0	0	0	0
JOSEPH HERDINA ASSISTANT TREASURER	(I)	154,591	0	37,486	0	26,058	218,135	0
	(II)	0	0	0	0	0	0	0
DEAN MERTZ VP - WORKFORCE SYSTEMS	(I)	223,868	0	76,956	0	15,229	316,053	0
	(II)	0	0	0	0	0	0	0
TOM SYVERSON VP - OPERATIONS	(I)	149,504	0	41,331	0	26,058	216,893	0
	(II)	0	0	0	0	0	0	0
ALAN HIEB VP - OPERATIONS	(I)	156,734	0	31,932	0	25,558	214,224	0
	(II)	0	0	0	0	0	0	0
PAT KELLY DIRECTOR OF OPERATIONS	(I)	120,637	0	53,391	0	9,725	183,753	0
	(II)	0	0	0	0	0	0	0
SUSAN RAPER DIRECTOR OF OPERATIONS	(I)	137,217	0	31,329	0	26,058	194,604	0
	(II)	0	0	0	0	0	0	0
TED BECKER DIRECTOR OF OPERATIONS	(I)	151,254	0	26,836	0	15,229	193,319	0
	(II)	0	0	0	0	0	0	0
DAN FOSNESS DIRECTOR OF OPERATIONS	(I)	124,203	0	46,458	0	17,483	188,144	0
	(II)	0	0	0	0	0	0	0
JAMES DROPPERS DIRECTOR OF OPERATIONS	(I)	112,879	0	45,323	0	26,058	184,260	0
	(II)	0	0	0	0	0	0	0
DAN HAMES DIRECTOR OF OPERATIONS	(I)	107,171	0	45,329	0	26,058	178,558	0
	(II)	0	0	0	0	0	0	0
RUSTAN WILLIAMS CHIEF INFO OFFICER	(I)	218,729	0	68,110	0	26,058	312,897	0
	(II)	0	0	0	0	0	0	0
THOMAS KAPUSTA CHIEF LEGAL OFFICER	(I)	214,582	0	72,757	0	14,729	302,068	0
	(II)	0	0	0	0	0	0	0
DANNY HANSON DIRECTOR OF OPERATIONS	(I)	122,239	0	54,644	0	15,229	192,112	0
	(II)	0	0	0	0	0	0	0
RANDY FITZGERALD DIRECTOR OF OPERATIONS	(I)	142,284	0	39,138	0	12,937	194,359	0
	(II)	0	0	0	0	0	0	0
MICHAEL HINSON DIRECTOR OF OPERATIONS	(I)	142,652	0	32,655	0	15,229	190,536	0
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	4,420,000	7,615,000	13,910,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	28,168,375	64,472,262	108,145,790	23,830,000
4	Gross proceeds in reserve funds	2,563,769	4,443,490	7,987,447	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
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	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		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		
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	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X			X		X
b	Name of provider	MBIA INC PRODUCTS CORP		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
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 07/08/2009 ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 08/16/2010 ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 06/17/2011 ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 06/11/2012 ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 07/17/2013 ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 07/16/2013

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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
C	COHFA	84-0752932		12-08-2011	60,000,000	REFUNDED 2011 BOND ISSUE		X		X		X
D	COHFA	84-0752932	19648AYW9	05-23-2012	175,711,853	NONREFUNDING AND REFUNDED 1997, 1998, 2000, 2009 BOND ISSUES AND 2006 TERM L		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	23,805,000		2,790,000	1,230,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	28,305,000	80,414,461	60,000,000	175,711,853
4	Gross proceeds in reserve funds	2,598,067	2,598,067		15,291,323
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	57,402,751			57,402,751
7	Issuance costs from proceeds	565,415	1,381,946	300,000	2,409,249
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	50,000,000	50,000,000		35,000,000
11	Other spent proceeds				
12	Other unspent proceeds	983,475			983,475
13	Year of substantial completion	2008	2010	2011	2013

		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 of bond-financed property?		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	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	NA		NA		NA		NA	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	19648AM44	10-02-2013	62,441,164	NONREFUNDING AND REFUNDED A PRIOR TAXABLE BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	62,441,164			
4	Gross proceeds in reserve funds	6,367,562			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,073,664			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	16,700,000			
11	Other spent proceeds				
12	Other unspent proceeds	8,639,475			
13	Year of substantial completion	2014			

		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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		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						
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	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	NA							
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	NA							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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 - SON OF CINDY MOEGENBURG, OFFICER	49,501	SALARY AND BENEFIT COSTS		No
(2) MICHAEL DROPPERS	FAMILY RELATIONSHIP - SON OF JIM DROPPERS, KEY EMPLOYEE	42,146	SALARY AND BENEFIT COSTS		No
(3) RYAN MERTZ	FAMILY RELATIONSHIP - SON OF DEAN MERTZ, KEY EMPLOYEE	70,724	SALARY AND BENEFIT COSTS		No
(4) WELLAWARE SYSTEMS INC	BOARD REPRESENTATION - DAVID HORAZDOVSKY, TELGSS PRESIDENT	331,305	PAYMENT OF SERVICES		No
(5) HALEY SAMUELSON	FAMILY RELATIONSHIP- WIFE OF PHILIP SAMUELSON, DIRECTOR	88,304	SALARY AND BENEFIT COSTS		No
(6) DEBORAH HAMES	FAMILY RELATIONSHIP - WIFE OF DAN HAMES, KEY EMPLOYEE	35,690	SALARY AND BENEFIT COSTS		No
(7) KELLY HORAZDOVSKY	FAMILY RELATIONSHIP - DAUGHTER OF DAVID HORAZDOVSKY, TELGSS PRESIDENT	31,158	PAYMENT OF SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	9	7,730	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		3,486	FAIR MARKET VALUE
5	Clothing and household goods	X		25,635	FAIR MARKET VALUE
6	Cars and other vehicles	X	4	68,385	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	14	188,048	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	910,860	FAIR MARKET VALUE
17	Real estate—Other				
18	Collectibles	X	2	5,732	FAIR MARKET VALUE
19	Food inventory	X	70	5,759	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MISCELLANEOUS)	X	499	108,812	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 through 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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Return Reference	Explanation
FORM 990, PART III, LINE 1	IN 2013, THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY (THE SOCIETY) CELEBRATED ITS 91ST YEAR OF EXISTENCE SINCE ITS FOUNDING IN A SMALL NORTH DAKOTA COMMUNITY AS THE SOCIETY RAPIDLY APPROACHES A CENTURY OF SERVICE, MISSION AND MINISTRY, ITS STRATEGIC AND OPERATIONAL WORK IS FOCUSED ON THE GOOD SAMARITAN SOCIETY WAY - GUIDED BY OUR OBLIGATION (MISSION) TO SHARE GOD'S LOVE, THE SOCIETY IS CHALLENGED TO DO NOTHING LESS THAN TO BE OUTSTANDING IN BOTH OPERATIONS AND STRATEGY - TO SHARE GOD'S LOVE, THE SOCIETY SEEKS OUT AND FINDS OPPORTUNITIES (OUR STRATEGIC DIRECTION) TO HELP IMPROVE WELL-BEING AND LET PEOPLE LEAD THE LIVES THEY WANT TO LIVE IN THE PLACES WHERE THEY WANT TO BE - AND THE SOCIETY IS SUCCESSFUL WHEN IT ACHIEVES ITS OUTCOME (VISION) OF CREATING ENVIRONMENTS WHERE PEOPLE FEEL LOVED, VALUED AND AT PEACE EVERY ONE OF OUR 21,000 STAFF MEMBERS HAS TRAINED IN THE GOOD SAMARITAN SOCIETY WAY THE CHALLENGE OF MEETING PEOPLE'S NEEDS WHERE THEY ARE COMPELS AND PROPELS THE SOCIETY TO MEET THE CHALLENGES OF THE FUTURE ALTHOUGH THE SOCIETY'S CONSTANCY AND CONSISTENCY OF MISSION HAS STAYED TRUE, THE ENVIRONMENT SURROUNDING THE ORGANIZATION HAS CHANGED GREATLY OVER THESE PAST 91 YEARS WE STAND AT A CRITICAL JUNCTURE IN OUR NATION'S HISTORY, AS CONDITIONS OF OUR ECONOMY, DEMOGRAPHICS, SOCIETY AND CULTURE HAVE SEEN REVOLUTIONARY CHANGE THE SOCIETY RECOGNIZES THESE CHANGING NEEDS AND DEMANDS AND STANDS READY TO SERVE PEOPLE'S NEEDS FOR THE NEXT 100 YEARS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE GOVERNING BODY DELEGATED BOARD AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD TO ACT ON ITS BEHALF ON MATTERS THAT NEED ATTENTION WHEN THE BOARD IS NOT IN SESSION ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE RATIFIED AT THE NEXT SCHEDULED BOARD MEETING THE EXECUTIVE COMMITTEE IS COMPRISED OF THE FOLLOWING BOARD MEMBERS CHAIRPERSON, FIRST VICE CHAIRPERSON, TWO OTHER MEMBERS, AND THE PRESIDENT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE SOCIETY'S BYLAWS WERE UPDATED IN MARCH 2013 TO INCLUDE A CLAUSE IN ARTICLE V, BOARD OF DIRECTORS AS OF MARCH 22, 2013, THE BOARD SHALL HAVE THE AUTHORITY TO SUSPEND A BOARD MEMBER FOR CAUSE.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE FOLLOWING ARE ELIGIBLE VOTING MEMBERS OF THE SOCIETY BY VIRTUE OF THEIR RELATIONSHIP WITH THE SOCIETY 1 ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE SOCIETY WHO ARE MEMBERS OF A CHRISTIAN CHURCH 2 ALL SOCIETY CORPORATE OFFICERS AND ASSISTANT OFFICERS WHO ARE MEMBERS OF A CHRISTIAN CHURCH 3 ALL DIRECTORS OF OPERATIONS WHO ARE MEMBERS OF A CHRISTIAN CHURCH 4 ALL ADMINISTRATOR/EXECUTIVE DIRECTOR/EXECUTIVE MANAGER EMPLOYEES OF THE SOCIETY WHO ARE MEMBERS OF A CHRISTIAN CHURCH 5 ALL MEMBERS OF EXECUTIVE LEADERSHIP WHO ARE MEMBERS OF A CHRISTIAN CHURCH 6 ALL MEMBERS WHO ARE MEMBERS OF A CHRISTIAN CHURCH WHO WERE MEMBERS ON JANUARY 1, 2002, THE DAY OF THE ADOPTION OF THIS AMENDED BY LAW HOWEVER, VOTING MEMBERSHIP FOR ALL SUCH MEMBERS UNDER THIS ARTICLE II A 6 SHALL CEASE, AFTER REASONABLE NOTICE, WHEN SUCH MEMBER FAILS TO VOTE AT THE ANNUAL METING OF THE SOCIETY FOR TWO CONSECUTIVE YEARS 7 ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION WHO ARE MEMBERS OF A CHRISTIAN CHURCH

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE SOCIETY'S EMPLOYEE COMPENSATION PLAN IS REVIEWED AND UPDATED EVERY FIVE YEARS BY AN EXTERNAL CONSULTANT DURING THE REVIEW, THE COMPENSATION IS EVALUATED, UPDATED, AND RESET TO BE 100% COMPETITIVE AT THE 50TH PERCENTILE OF THE NATIONAL LABOR MARKET UTILIZING A NATIONALLY RECOGNIZED DATABASE. 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 OF DIRECTORS SEE SCHEDULE J, PART I, LINE 3 FOR ADDITIONAL DETAILS RELATED TO THE PRESIDENT/CEO POSITION THIS EMPLOYEE COMPENSATION PLAN WAS REVIEWED AND UPDATED BY TOWERS WATSON AS THE OUTSIDE CONSULTANT TOWERS WATSON PROVIDED A WRITTEN REVIEW BASED UPON CURRENT MARKET CONDITIONS WHICH IS ON FILE. COMPENSATION WAS REVIEWED IN 2012 AND IMPLEMENTED IN 2013 FOR THE PRESIDENT/CEO

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

Return Reference	Explanation
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 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	T/R TRANSFERS TO FOUNDATION FROM SOCIETY 440,757 T/R INCREASE IN INTEREST IN THE T/R NET ASSETS OF FOUNDATION 577,845 P/R INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 223,000 P/R TRANSFERS TO FOUNDATION FROM SOCIETY -386,921 P/R INCREASE IN INTEREST IN THE P/R NET ASSETS OF FOUNDATION 490,240 ROUNDING 2,558

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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) AH GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108	SENIOR HOUSING	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 entity? 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?		(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	
See Additional Data Table												

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(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	N/A	C					No
(2) GOOD SAMARITAN SOCIETY INSURANCE LTD PO BOX 69 GT CJ 98-0379099	INSURANCE	CJ	N/A	C					No
(3) GOOD SAMARITAN HUMANITARIAN SERVICES INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-5533741	MANAGEMENT SERVICES, UNBUNDLED SERVICES, UNRELATED BUSINESS ACTIVITIES	SD	N/A	C					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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	
(1) 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	
(2) 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	
(3) PROPHETSTOWN GOOD SAMARITAN HOUSING INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0323943	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	9	TELGSS	Yes	
(4) 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	
(5) 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	
(6) 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	
(7) THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION 4800 W 57TH ST SIOUX FALLS, SD 57108 46-0422866	ASSIST TELGSS IN PROVIDING SENIOR CARE	MN	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(21) 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	
(1) 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	
(2) 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	
(3) 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	
(4) HASTINGS 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	
(5) 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	
(6) 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	
(7) 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	
(8) SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 45-2473519	GENERAL PARTNER OF LIHTC LIMITED PARTNERSHIP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
(9) 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	
(10) ADAMS COUNTY GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-1495572	FUTURE GENERAL PARTNER OF LIHTC PARTNERSHIP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
(11) INDIANOLA GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-1328052	FUTURE GENERAL PARTNER OF LIHTC PARTNERSHIP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
(12) WELD COUNTY GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-1591360	GENERAL PARTNER OF WELD COUNTY GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	
(13) RAPID CITY GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 46-1579750	FUTURE GENERAL PARTNER OF RAPID CITY GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	11 - TYPE 1	TELGSS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	N/A									
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	N/A									
MILLARD GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212324	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
PRESCOTT GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-5115281	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
INDIANOLA GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 30-0755780	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
ADAMS COUNTY GOOD SAMARITAN HOUSINGS LP 4800 W 57TH ST SIOUX FALLS, SD 57108 38-3896526	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
RAPID CITY GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2466169	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0377442	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GOOD SAMARITAN SOCIETY INC	D	50,000	FMV OF TRANSACTION
GOOD SAMARITAN SOCIETY INC	L	131,640	FMV OF TRANSACTION
GOOD SAMARITAN SOCIETY INC	Q	863,081	FMV OF TRANSACTION
GOOD SAMARITAN SOCIETY INC	S	56,733	FMV OF TRANSACTION
BOISE GOOD SAMARITAN HOUSING INC	Q	232,661	FMV OF TRANSACTION
LOVINGTON GOOD SAMARITAN HOUSING INC	B	276,234	FMV OF TRANSACTION
PROPHETSTOWN GOOD SAMARITAN HOUSING INC	Q	68,203	FMV OF TRANSACTION
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	B	27,437,229	FMV OF TRANSACTION
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	C	1,211,847	FMV OF TRANSACTION
SIOUX FALLS GOOD SAMARITAN HOUSING INC	Q	79,318	FMV OF TRANSACTION
KEARNEY GOOD SAMARITAN HOUSING INC	Q	132,869	FMV OF TRANSACTION
GRANTS GOOD SAMARITAN HOUSING INC	B	153,249	FMV OF TRANSACTION
GRANTS GOOD SAMARITAN HOUSING INC	Q	58,800	FMV OF TRANSACTION
JEFFERSONTOWN GOOD SAMARITAN HOUSING INC	Q	81,066	FMV OF TRANSACTION
GREELEY GOOD SAMARITAN HOUSING INC	Q	88,703	FMV OF TRANSACTION
SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING INC	Q	93,810	FMV OF TRANSACTION
INVER GROVE HEIGHTS GOOD SAMARITAN HOUSING INC	Q	97,138	FMV OF TRANSACTION
SIOUX FALLS 57 GOOD SAMARITAN HOUSING INC	Q	125,127	FMV OF TRANSACTION
LEA COUNTY GOOD SAMARITAN HOUSING INC	L	453,052	FMV OF TRANSACTION
LEA COUNTY GOOD SAMARITAN HOUSING INC	Q	201,786	FMV OF TRANSACTION
OLATHE GOOD SAMARITAN HOUSING LP	L	84,419	FMV OF TRANSACTION
OLATHE GOOD SAMARITAN HOUSING LP	Q	84,988	FMV OF TRANSACTION
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP	A	113,890	FMV OF TRANSACTION
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP	D	-3,257,418	FMV OF TRANSACTION
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP	Q	324,455	FMV OF TRANSACTION

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MILLARD GOOD SAMARITAN HOUSING LP	Q	147,127	FMV OF TRANSACTION
EL PASO GOOD SAMARITAN HOUSING LP	D	-637,760	FMV OF TRANSACTION
EL PASO GOOD SAMARITAN HOUSING LP	Q	74,141	FMV OF TRANSACTION
SIOUX FALLS GOOD SAMARITAN HOUSING LP	L	216,543	FMV OF TRANSACTION
SIOUX FALLS GOOD SAMARITAN HOUSING LP	Q	80,046	FMV OF TRANSACTION
GOOD SAMARITAN SOCIETY INSURANCE LTD	C	2,110,909	FMV OF TRANSACTION
GOOD SAMARITAN SOCIETY INSURANCE LTD	M	12,534,204	FMV OF TRANSACTION