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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.

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: SAMARITAS

Doing business as: LUTHERAN SOCIAL SERVICES OF MICHIGAN

Number and street (or P O box if mail is not delivered to street address): 8131 E. JEFFERSON AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: DETROIT, MI 48214

D Employer identification number: 38-1360553

E Telephone number: (313) 823-7700

G Gross receipts $ 110,893,120.

F Name and address of principal officer: SAM BEALS
8131 E. JEFFERSON AVE. DETROIT, MI 48214

H(a) Is this a group return for subordinates? [X] Yes [ ] No

H(b) Are all subordinates included? [X] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 9386

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SAMARITAS.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1934 M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE CONNECT PEOPLE WITH FAMILIES AND COMMUNITIES, EMPOWER THEM TO LIVE THEIR FULLEST LIFE POSSIBLE, AND CREATE A RIPPLE EFFECT OF TRANSFORMATION.

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,535.
	6 Total number of volunteers (estimate if necessary)	6	1,500.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,061.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	18,017,850.	18,586,346.
	9 Program service revenue (Part VIII, line 2g)	77,525,816.	77,857,010.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,240,041.	1,392,902.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,764,399.	3,387,842.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,548,106.	101,224,100.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,388,976.	9,518,065.
	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)	54,578,448.	58,883,293.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,334,847.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,580,912.	33,165,280.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	98,548,336.	101,566,638.
	19 Revenue less expenses Subtract line 18 from line 12	999,770.	-342,538.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	116,827,402.	103,549,737.
	21 Total liabilities (Part X, line 26)	75,744,618.	64,295,044.
	22 Net assets or fund balances Subtract line 21 from line 20	41,082,784.	39,254,693.

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

▶ Signature of officer — Date 8-11-16

▶ JENNY CEDERSTROM CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
KATHLEEN GUIDER	Kathleen Guider	08/03/2016		P00177866

Firm's name ▶ BDO USA, LLP — Firm's EIN ▶ 13-5381590

Firm's address ▶ 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503 — Phone no 616-774-7000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

JSA
5E1010 1 000

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission
ATTACHMENT 1

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 $ 42,761,243 including grants of $ _____) (Revenue $ 45,787,711)
ATTACHMENT 2

4b (Code _____) (Expenses $ 25,624,956 including grants of $ 7,689,713) (Revenue $ 18,475,825)
ATTACHMENT 3

4c (Code _____) (Expenses $ 8,906,386 including grants of $ 1,804,794) (Revenue $ 563,917)
ATTACHMENT 4

4d Other program services (Describe in Schedule O) ATTACHMENT 5
(Expenses $ 15,880,425 including grants of $ 4,058.) (Revenue $ 16,406,338.)

4e Total program service expenses ▶ 93,173,010.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A.*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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	X	
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
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		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
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	X	
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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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 "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
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		X
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		X
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	X	

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 137			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 1b 0.			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2,535			
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	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
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	X	
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		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	X	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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		X
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 line 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 X

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 . . . . . 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	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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	X	
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	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MI,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, address, and telephone number of the person who possesses the organization's books and records ▶
JENNY CEDERSTROM 8131 E JEFFERSON AVE. DETROIT, MI 48214 313-823-7700

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 X

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

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

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

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			
(1) MATTHEW PEDERSON CHAIR	1.00 0.	X		X				0.	0.	0.
(2) JAMES KIEFER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) MICHAEL KNEALE TREASURER	1.00 0.	X		X				0.	0.	0.
(4) MICHELLE GAGGINI SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) RANDY ASMUS DIRECTOR	1.00 0.	X						0.	0.	0.
(6) DAN CARTER DIRECTOR	1.00 0.	X						0.	0.	0.
(7) DALE GERARD DIRECTOR	1.00 0.	X						0.	0.	0.
(8) CAROL GOSS DIRECTOR	1.00 0.	X						0.	0.	0.
(9) MARY ANN JONES DIRECTOR	1.00 0.	X						0.	0.	0.
(10) BISHOP DON KREISS DIRECTOR	1.00 0.	X						0.	0.	0.
(11) DAVE MORIN DIRECTOR	1.00 0.	X						0.	0.	0.
(12) TODD PERKINS DIRECTOR	1.00 0.	X						0.	0.	0.
(13) SARAH PRUES HECKER DIRECTOR	1.00 0.	X						0.	0.	0.
(14) MARK STANKO DIRECTOR	1.00 0.	X						0.	0.	0.

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			
(15) MARION TUROWSKI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(16) DAVID DION - SAMARITAS FOUNDAT	1.00									
CHAIR	0.	X		X				0.	0.	0.
(17) LINDA MORIN - SAMARITAS FOUNDA	1.00									
VICE CHAIR	0.	X		X				0.	0.	0.
(18) JOAN ZAK - SAMARITAS FOUNDATIO	1.00									
TREASURER	0.	X		X				0.	0.	0.
(19) TERRIE HALBERT - SAMARITAS FOU	1.00									
SECRETARY	0.	X		X				0.	0.	0.
(20) SAM BEALS - HEARTLINE	1.00									
PRESIDENT	0.	X		X				0.	0.	0.
(21) VICKIE THOMPSON-SANDY - HEARTL	1.00									
SECRETARY	0.	X		X				0.	0.	0.
(22) JENNY CEDERSTROM - HEARTLINE	1.00									
TREASURER	0.	X		X				0.	0.	0.
(23) SAM BEAL	49.00									
CEO: AS OF 1/26/2015	1.00			X				256,986.	0.	5,589.
(24) JERRY BENJAMIN	50.00									
VP/CFO: THROUGH 05/30/2015	0.			X				124,643.	0.	16,239.
(25) JENNY CEDERSTROM	50.00									
CFO: AS OF 08/05/2015	0.			X				71,274.	0.	8,195.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								1,804,277.	0.	235,847.
d Total (add lines 1b and 1c) ▶								1,804,277.	0.	235,847.

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 ▶ 19

		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*		X
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*	X	
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*		X

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
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 22

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			
(26) VICKIE THOMPSON-SANDY	44.00									
PRESIDENT	6.00			X				237,935.	0.	35,224.
(27) RICHARD MARTIN	50.00									
CHIEF ADVANCEMENT OFFICER	0.			X				161,960.	0.	32,608.
(28) SEAN DEFOUR	49.00									
VP CHILD AND FAMILY	1.00				X			152,018.	0.	27,914.
(29) LEIGH MCLEOD	45.00									
VP SENIOR LIVING	5.00					X		149,258.	0.	25,723.
(30) ROBERT LOUIS-FERDINAND	45.00									
VP HOME AND COMMUNITY	5.00					X		143,674.	0.	18,310.
(31) KEN ULRICH	45.00									
VP HUMAN RESOURCES	5.00					X		189,399.	0.	17,887.
(32) HARRY VIJAYAKUMAR	50.00									
VP INFORMATION TECHNOLOGY	0.					X		172,174.	0.	29,205.
(33) WENDY PERRY	50.00									
EXECUTIVE DIRECTOR FINANCE	0.					X		144,956.	0.	18,953.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 19

		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*		X
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*	X	
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*		X

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

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

Part VIII Statement of Revenue

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

				(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 77,733.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 12,523,173				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5,985,440.				
	g	Noncash contributions included in lines 1a-1f $ 213,162					
	h	**Total** Add lines 1a-1f		18,586,346			
Program Service Revenue			**Business Code**				
	2a	RESIDENT SERVICES	623000	45,787,711	45,787,711		
	b	CHILD CARE SERVICES	624100	18,475,825	18,475,825.		
	c	PROGRAM SERVICE FEES	623990	13,593,474	13,593,474.		
	d						
	e						
	f	All other program service revenue					
	g	**Total** Add lines 2a-2f		77,857,010			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,164,885			1,164,885.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	194,470				
	b	Less rental expenses	10,862				
	c	Rental income or (loss)	183,608				
	d	Net rental income or (loss)		183,608	183,608.		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	9,791,573. / 94,602				
	b	Less cost or other basis and sales expenses	9,633,439 / 24,719				
	c	Gain or (loss)	158,134 / 69,883				
	d	Net gain or (loss)		228,017			228,017
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	**Business Code**				
	11a	MANAGEMENT SERVICES	541610	1,030,032	1,018,971	11,061	
	b	MISCELLANEOUS	541860	2,174,301	2,174,301		
	c	INVESTMENT IN PARTNERSHIP	532000	-99	-99		
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		3,204,234			
	12	**Total revenue.** See instructions		101,224,100.	81,233,791	11,061.	1,392,902

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 domestic organizations and domestic governments See Part IV, line 21	19,500.	19,500.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	9,498,565.	9,498,565.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	923,311.		923,311.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	47,208,626.	43,599,147.	2,790,948.	818,531.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,341,319.	1,211,942.	103,557.	25,820.
9 Other employee benefits	5,267,890.	4,759,777.	406,707.	101,406.
10 Payroll taxes	4,142,147.	3,815,615.	272,935.	53,597.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	459,965.	419,175.	40,689.	101.
c Accounting	144,934.	132,081.	12,821.	32.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,437,124.	7,688,912.	746,362.	1,850.
12 Advertising and promotion	0.			
13 Office expenses	2,769,223.	2,649,656.	99,179.	20,388.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,329,911.	5,230,713.	89,756.	9,442.
17 Travel	1,962,881.	1,802,659.	133,660.	26,562.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	456,797.	298,328.	115,841.	42,628.
20 Interest	1,975,609.	1,937,305.	34,396.	3,908.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,946,721.	3,753,786.	183,186.	9,749.
23 Insurance	1,000,685.	891,534.	88,089.	21,062.
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 REPAIRS & MAINTENANCE	1,765,904.	1,215,423.	531,438.	19,043.
b FOOD	1,704,893.	1,704,893.		
c TELEPHONE	717,616.	583,244.	124,258.	10,114.
d PRINTING & PUBLICATIONS	903,614.	707,279.	155,101.	41,234.
e All other expenses	1,589,403.	1,253,476.	206,547.	129,380.
25 **Total functional expenses** Add lines 1 through 24e	101,566,638.	93,173,010.	7,058,781.	1,334,847.
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)	0.			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		581,635.	1	3,282,075.
	2	Savings and temporary cash investments		2,332,087.	2	3,426,318.
	3	Pledges and grants receivable, net		901,686.	3	752,817.
	4	Accounts receivable, net		13,433,678.	4	13,475,062.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0.	5	0.
	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		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		107,924.	8	150,340.
	9	Prepaid expenses and deferred charges		891,549.	9	581,235.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 91,679,390.			
	b	Less accumulated depreciation	10b 42,621,564.	48,633,364.	10c	49,057,826.
	11	Investments - publicly traded securities ATCH 7		23,584,026.	11	21,604,020.
	12	Investments - other securities See Part IV, line 11		0.	12	0.
	13	Investments - program-related See Part IV, line 11		16,861,591.	13	69,871.
	14	Intangible assets		2,103,746.	14	1,550,178.
	15	Other assets See Part IV, line 11		7,396,116.	15	9,599,995.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		116,827,402.	16	103,549,737.
Liabilities	17	Accounts payable and accrued expenses		10,922,924.	17	12,558,140.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		1,266,893.	19	1,521,918.
	20	Tax-exempt bond liabilities		36,870,000.	20	37,492,807.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		3,091,149.	21	3,431,458.
	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		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		10,042,282.	23	9,040,160.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	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		13,551,370.	25	250,561.
	26	**Total liabilities.** Add lines 17 through 25		75,744,618.	26	64,295,044.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		24,638,695.	27	30,034,457.
	28	Temporarily restricted net assets		6,155,502.	28	3,326,583.
	29	Permanently restricted net assets		10,288,587.	29	5,893,653.
		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		41,082,784.	33	39,254,693.
	34	Total liabilities and net assets/fund balances		116,827,402.	34	103,549,737.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	101,224,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,566,638.
3	Revenue less expenses Subtract line 2 from line 1	3	-342,538.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,082,784.
5	Net unrealized gains (losses) on investments	5	-1,469,104.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	1,373,343.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,389,792.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,254,693.

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		X
	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	X	
	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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	X	
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	X	

SCHEDULE A (Form 990 or 990-EZ)

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	**Employer identification number**
SAMARITAS	38-1360553

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . ☐

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17,941,143	15,885,427.	17,998,769	18,017,850	18,586,346	88,429,535.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	17,941,143	15,885,427	17,998,769	18,017,850	18,586,346.	88,429,535
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)						2,762,117
6 **Public support.** Subtract line 5 from line 4						85,667,418

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	17,941,143	15,885,427.	17,998,769	18,017,850	18,586,346	88,429,535.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	404,927	670,710	669,106.	1,255,379	1,359,555	4,359,677
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,937				4,937.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11 **Total support.** Add lines 7 through 10						92,794,149.
12 Gross receipts from related activities, etc (see instructions)					12	375,072,370

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92.32 %
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	92.43 %

16a **33 1/3 % support test - 2015.** 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 - 2014.** 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 - 2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** 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 Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	**Excess distributions carryover to 2016** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI **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)

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

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If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization	Employer identification number
SAMARITAS	38-1360553

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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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		

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

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-		

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		4,662.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total Add lines 1c through 1i			4,662.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART I-A, LINE 1

ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES:

SAMARTIAS DOES NOT ENGAGE IN ANY POLITICAL CAMPAIGN ACTIVITIES. WE WORK TO SHAPE STATE AND FEDERAL PUBLIC POLICY BY EDUCATING PUBLIC OFFICIALS AND ADVOCATING ON SPECIFIC ISSUES INCLUDING, BUT NOT LIMITED TO, AGING SERVICES, CHILD WELFARE, AFFORDABLE HOUSING, REFUGEE SERVICES, PERSONS WITH DISABILITIES, AND OTHER NONPROFIT SECTOR ISSUES. WE FOCUS ON POLICIES THAT EQUIP PEOPLE FOR THE DUAL ROLE OF CARING FOR SELF AND CARING FOR OTHERS.

BY ENGAGING IN ADVOCACY ON PUBLIC POLICY ISSUES, SAMARITAS HELPS PUBLIC OFFICIALS BETTER UNDERSTAND HOW POLICIES AFFECT THEIR CONSTITUENTS - PEOPLE AND FAMILIES IN NEED OF HEALTH CARE AND SOCIAL SERVICES; EMPLOYERS AND EMPLOYEES; AND PEOPLE AND ORGANIZATIONS PROVIDING CARE AND SERVICES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

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2015

Open to Public Inspection

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 Tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue 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 Revenue 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" on 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, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,229,862.	13,009,820.	10,221,380.	8,521,762.	8,505,913.
b Contributions	120,000.	4,000.	1,026,588.	726,785.	306,047.
c Net investment earnings, gains, and losses	-146,889.	456,135.	1,982,215.	1,151,733.	-108,351.
d Grants or scholarships					
e Other expenditures for facilities and programs		5,081,139.	220,363.	178,900.	181,847.
f Administrative expenses	198,969.	158,954.			
g End of year balance	8,004,004.	8,229,862.	13,009,820.	10,221,380.	8,521,762.

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 73.6300 %
c Temporarily restricted endowment ▶ 26.3700 %

The percentages on 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)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 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" on 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		2,157,932.		2,157,932.
b Buildings		76,485,471.	36,415,073.	40,070,398.
c Leasehold improvements		2,752,003.	1,310,241.	1,441,762.
d Equipment		8,469,323.	4,032,282.	4,437,041.
e Other		1,814,661.	863,968.	950,693.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				49,057,826.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DEFERRED COMP. INVESTMENTS	225,651.
(2) FUNDS HELD IN TRUST	4,401,620.
(3) DEFERRED ANNUITY	366,107.
(4) BOND START UP COSTS	362,117.
(5) SPONSOR LOAN	4,244,500.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	9,599,995.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMP LIABILITY	250,561.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	250,561.

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 [X]

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

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

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

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART IV, LINE 2B

ESCROW AND CUSTODIAL ARRANGEMENTS:

SAMARITAS HAS PHYSICAL CUSTODY OF ASSETS HELD IN TRUST WHICH ARE NOT AVAILABLE FOR ITS USE. THESE ASSETS MAY BE DISBURSED ONLY ON THE INSTRUCTIONS OF THE ORGANIZATION OR INDIVIDUAL FROM WHOM THEY ARE RECEIVED. FUNDS IN THE AMOUNT OF $483,422 INCLUDE FUNDS HELD IN TRUST FOR RESIDENTS, DEPOSITS AND PERSONAL FUNDS. THESE ASSETS ARE RECORDED AT FAIR VALUE AS OF DECEMBER 31, 2015.

SAMARITAS ALSO HOLDS $3,246,989 IN TRUST FOR RESIDENTS' ENTRY FEE DEPOSITS WITH MAPLE CREEK SENIOR LIVING, LLC. (SEE RELATED PARTY NOTE ON SCHEDULE O).

SCHEDULE D, PART V

PRIOR PERIOD ADJUSTMENT:

THE ORGANIZATION HAS RECORDED A PRIOR PERIOD ADJUSTMENT TO RECLASSIFY NET ASSETS PREVIOUSLY RECORDED AS TEMPORARILY AND PERMANENTLY RESTRICTED TO UNRESTRICTED, AS IT WAS DETERMINED THAT NO DONOR RESTRICTION ACTUALLY EXISTED OTHER THAN THOSE NET ASSETS. THIS PRIOR PERIOD ADJUSTMENT ALSO EFFECTED THE CLASSIFICATION OF ENDOWMENT ASSETS.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS:

THE ORGANIZATION'S ENDOWMENTS CONSIST OF SEVEN ENDOWMENT FUNDS. THE ENDOWMENTS ARE INTENDED TO BE USED FOR SPECIFIC PROGRAMS, AS RESTRICTED BY THE DONOR, OR FOR OPERATIONAL AND CAPITAL NEEDS OF THE ORGANIZATION, AS DETERMINED BY THE INVESTMENT COMMITTEE BASED ON A PRUDENT ANNUAL

Part XIII Supplemental Information *(continued)*

CALCULATION.

SCHEDULE D, PART VIII

FOR GAAP REPORTING PURPOSES, THE ASSETS, LIABILITIES, AND INCOME OF ADRIAN VILLAGE, DANISH VILLAGE, AND VILLAGE PINES OF MONROE LOW INCOME HOUSING PARTNERSHIPS HAVE BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT 100% DUE TO SAMARITAS HAVING CONTROL. FOR 990 PURPOSES, THE INCOME HAS BEEN REDUCED TO .01% TO REFLECT ACTUAL OWNERSHIP.

FOR GAAP REPORTING PURPOSES, THE ASSETS, LIABILITIES, AND INCOME OF CHRISTIAN HOME HEALTH CARE, A WHOLLY OWNED SUBSIDIARY, HAVE BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. CHRISTIAN HOME HEALTH CARE IS NOT A MEMBER OF THE GROUP RULING. THEREFORE, THIS 990 HAS OMITTED ITS NET INCOME. CHRISTIAN HOME HEALTH CARE FILED ITS OWN 990 FOR 2015.

THE 990 REFLECTS THE BALANCE SHEET OF SAMARITAS AND ITS SUBSIDIARIES ON THE GAAP BASIS. THE INCOME HAS BEEN ADJUSTED TO REFLECT ONLY THE INCOME OF THE ORGANIZATIONS INCLUDED IN THE GROUP RULING.

SCHEDULE D, PART X, LINES 2

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48:

SAMARITAS AND ITS SUBSIDIARIES FALL UNDER THE GROUP EXEMPTIONS GRANTED TO THE EVANGELICAL LUTHERAN CHURCH IN AMERICA BY THE INTERNAL REVENUE SERVICE. SAMARITAS IS SIMILARLY EXEMPT FROM MICHIGAN TAXES.

SAMARITAS IS EXEMPT FROM FEDERAL INCOME TAXES DUE TO ITS STATUS AS A NOT-FOR-PROFIT CORPORATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

Part XIII Supplemental Information *(continued)*

THEREFORE, NO PROVISION FOR INCOME TAX HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN EVALUATED BY MANAGEMENT. SAMARITAS DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST AS OF DECEMBER 31, 2015.

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" on 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

2015

Open to Public Inspection

Name of the organization

SAMARITAS

Employer identification number

38-1360553

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? . . . . . [X] 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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LUTHERAN ADOPTION SERVICES 8131 E. JEFFERSON AVE	38-3330163	501(C)(3)	19,500				ADOPTION ASSISTANCE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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	FOSTER CARE AND PRESERVATION	5,112.	7,689,713		FMV	
2	OUTREACH SERVICES	13,777	1,804,794.		FMV	
3	SERVICES FOR PERSONS WITH DISABILITIES	83.	4,058		FMV	
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES:

INDIVIDUALS WHO RECEIVE ASSISTANCE FROM SAMARITAS MUST MEET ELIGIBILITY REQUIREMENTS THAT ARE SET BY THE GRANTING AGENCIES FOR THE SPECIFIC PROGRAMS. PROGRAM MANAGERS MONITOR ELIGIBILITY TO ENSURE THAT THOSE SERVED MEET THE CRITERIA.

GRANTS TO INDIVIDUALS DETAIL:

THE TOTAL ASSISTANCE TO INDIVIDUALS OF $9,498,565 IS BROKEN DOWN AS FOLLOWS:

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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						
2						
3						
4						
5						
6						
7						

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

$7,689,713 - BOARD AND CARE FOR FOSTER CHILDREN - PAYMENTS MADE TO FOSTER

PARENTS BASED ON DAILY RATES SPECIFIED BY THE MICHIGAN DEPARTMENT OF

HUMAN RESOURCES (DHS).

$1,804,794 - OUTREACH SERVICES

$4,058 - SPECIAL NEEDS FOR REFUGEES ADULTS PROGRAM

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2	X	
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		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on 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		X
b	Any related organization? 5b		X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed on 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		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9		

Schedule J (Form 990) 2015 Page 2

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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SAM BEAL	(i)	222,500.	0.	34,486.	4,781.	808.	262,575.	0.
1 CEO AS OF 1/26/2015	(ii)	0.	0.	0.	0.	0.	0.	0.
VICKIE THOMPSON-SANDY	(i)	210,039.	15,065.	12,831.	33,959.	1,265.	273,159.	8,400.
2 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD MARTIN	(i)	145,203.	10,739.	6,018.	13,403.	19,205.	194,568.	6,000.
3 CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
SEAN DEFOUR	(i)	135,981.	7,999.	8,038.	14,213.	13,701.	179,932.	4,945.
4 VP CHILD AND FAMILY	(ii)	0.	0.	0.	0.	0.	0.	0.
LEIGH MCLEOD	(i)	134,249.	6,949.	8,060.	13,699.	12,024.	174,981.	4,000.
5 VP SENIOR LIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT LOUIS-FERDINAND	(i)	129,052.	6,996.	7,626.	3,787.	14,523.	161,984.	4,110.
6 VP HOME AND COMMUNITY	(ii)	0.	0.	0.	0.	0.	0.	0.
KEN ULRICH	(i)	169,400.	10,344.	9,655.	16,629.	1,258.	207,286.	6,776.
7 VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
HARRY VIJAYAKUMAR	(i)	133,468.	6,732.	31,974.	14,676.	14,529.	201,379.	6,732.
8 VP INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
WENDY PERRY	(i)	124,754.	6,750.	13,452.	13,211.	5,742.	163,909.	6,750.
9 EXECUTIVE DIRECTOR FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

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5E1291 1 000

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I

SCHEDULE J ADDITIONAL INFORMATION:

SAMARITAS INSTITUTED A VARIABLE COMPENSATION PLAN IN 2012 IN WHICH KEY EMPLOYEES COULD EARN ADDITIONAL COMPENSATION BASED ON PERFORMANCE AGAINST FIVE PILLARS - FINANCE, PEOPLE, QUALITY, SERVICE AND INNOVATION. TIER I EMPLOYEES (ESSENTIALLY VPS) CAN EARN UP TO 15% OF THEIR BASE PAY BASED ON PERFORMANCE AGAINST OBJECTIVE TARGETS. TIER II EMPLOYEES (ESSENTIALLY DIRECTOR LEVEL) CAN EARN UP TO 10% BASED ON PERFORMANCE AGAINST OBJECTIVE TARGETS.

SCHEDULE J, PART I, LINE 1A

THE ORGANIZATION PAYS FOR THE CHIEF ADVANCEMENT OFFICER'S MEMBERSHIP TO A SOCIAL/ATHLETIC CLUB. THIS MEMBERSHIP IS USED BY THE ORGANIZATION FOR DEVELOPMENT PURPOSES AND BUSINESS MEETINGS.

SCHEDULE J, PART I, LINE 4B

RETIREMENT PLAN:

SAMARITAS EMPLOYEES (NON-CLERGY) PARTICIPATE IN A DEFINED-CONTRIBUTION RETIREMENT PLAN (PLAN). THE PLAN IS A QUALIFIED RETIREMENT PLAN UNDER

Part III Supplemental Information

Complete this part to 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.

SECTION 403(B) OF THE INTERNAL REVENUE CODE. THE PENSION BENEFITS ARE ADMINISTERED THROUGH PORTICO BENEFIT SERVICES, A MINISTRY OF THE EVANGELICAL LUTHERAN CHURCH OF AMERICA (ELCA) UNDER THE ELCA MASTER INSTITUTIONAL RETIREMENT PLAN AND THROUGH THRIVENT FINANCIAL UNDER THE LUTHERAN SOCIAL SERVICES OF MICHIGAN THRIVENT SECTION 403(B) PLAN.

ELIGIBLE EMPLOYEES MAY CONTRIBUTE ANY DOLLAR AMOUNT OR PERCENTAGE OF THEIR GROSS EARNINGS, UP TO A MAXIMUM AMOUNT AS DEFINED BY THE INTERNAL REVENUE SERVICE, WHICH IS INVESTED IN A RETIREMENT PLAN. EMPLOYEE CONTRIBUTIONS VEST IMMEDIATELY. FOR THE PORTION OF THE PLAN ADMINISTERED THROUGH PORTICO BENEFIT SERVICES, SAMARITAS WILL MATCH 375% OF THE EMPLOYEE'S CONTRIBUTION, UP TO 1.5% OF ELIGIBLE WAGES. FOR THOSE HIRED PRIOR TO JANUARY 1, 2013, SAMARITAS MATCHING CONTRIBUTIONS VEST IMMEDIATELY. FOR THOSE HIRED ON OR AFTER JANUARY 1, 2013, SAMARITAS MATCHING CONTRIBUTIONS VEST AFTER THREE YEARS OF EMPLOYMENT WITH SAMARITAS. FOR THE PORTION OF THE PLAN ADMINISTERED THROUGH THRIVENT FINANCIAL, EMPLOYEES ARE ELIGIBLE FOR A CONTRIBUTION OF 2.5% OF COMPENSATION FROM SAMARITAS WHICH VESTS IMMEDIATELY.

Part III Supplemental Information

Complete this part to 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.

EMPLOYER CONTRIBUTIONS FOR THE YEAR ENDED DECEMBER 31, 2015 WERE $1,422,968 FOR ALL ELIGIBLE EMPLOYEES.

SAMARITAS HAS DEFERRED COMPENSATION PLANS WHICH ALLOW FOR ELECTIVE PARTICIPANT DEFERRALS. THERE IS NO REQUIRED EMPLOYER MATCH. THE PLANS ARE NOT INTENDED TO BE QUALIFIED PLANS UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE. THE PLANS ARE INTENDED TO BE UNFUNDED AND, THEREFORE, ALL COMPENSATION DEFERRED IS HELD BY SAMARITAS AND COMBINED WITH ITS GENERAL ASSETS. HOWEVER, EMPLOYEE DEFERRALS ARE DEPOSITED INTO INSURANCE CONTRACTS OWNED BY SAMARITAS. WITHIN THESE CONTRACTS, THE EMPLOYEES HAVE THE OPTION OF SELECTING A VARIETY OF INVESTMENTS. THE RETURN ON THESE UNDERLYING INVESTMENTS WILL DETERMINE THE AMOUNT OF EARNING CREDIT. BENEFITS CONSISTING OF THE ELECTIVE PARTICIPANT DEFERRALS AND ACCRUED INTEREST WILL BE PAYABLE UPON DEATH, DISABILITY, OR RETIREMENT. THE LIABILITY UNDER THESE PLANS TOTAL $250,561 AT DECEMBER 31, 2015.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT CORP- CITY OF GRAND RAPIDS	52-1701965		07/08/2015	21,045,000.	RENOVATE GRAND RAPIDS PROPERTY		X		X		X
B	MICHIGAN STRATEGIC FUND	52-1417332		07/08/2015	22,825,000	RE-FINANCE DEBT, RENOVATE FACILITY		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	21,045,000.	22,825,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	269,579.	284,685.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		623,122.		
11	Other spent proceeds	20,775,421.	15,540,000.		
12	Other unspent proceeds		6,377,193.		
13	Year of substantial completion	2015	2015		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)* SAMARITAS

	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				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		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				
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					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?			X					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	MORGAN STANLEY		MORGAN STANLEY					
c Term of hedge	10.000		23.584					
d Was the hedge superintegrated?		X	X					
e Was the hedge terminated?		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				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		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				

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

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

PROCEDURES TO MONITOR 148 REQUIREMENTS:

SAMARITAS IS REQUIRED TO PERIODICALLY MONITOR THE REQUIREMENTS OF SECTION 148 AND MAINTAIN COMPLIANCE OR CURE VIOLATIONS IN ACCORDANCE WITH THE NON-ARBITRAGE AND TAX COMPLIANCE CERTIFICATE AND RELATED MEMORANDUM. PROJECT FUNDS HAVE BEEN FULLY DEPLOYED FOR THE PERMITTED INTENDED USES, AND NO LONGER REQUIRE PERIODIC REVIEW FOR COMPLIANCE.

FORM 8038-T, EXCEPTION TO REBATE:

FORM 8038-T WAS NOT ISSUED AS SPENDING OF THE BOARD PROCEEDS COMPLIED WITH THE TWO-YEAR SPENDING EXCEPTION UNDER THE ARBITRAGE REBATE REQUIREMENTS.

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

2015

Open To Public Inspection

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

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				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1.	1,000.	SALES PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	14.	84,073.	MARKET QUOTATION
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				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	4.	128,089.	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
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		
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		X
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	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
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.** Complete this part to 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.

SCHEDULE M, PART I, LINE 32B

VEHICLE CONTRIBUTIONS:

SAMARITAS REFERS DONORS OF VEHICLES TO A THIRD PARTY WHO PREPARES THE VEHICLES FOR SALE. ONCE THE VEHICLE HAS BEEN SOLD, THE PROCEEDS NET OF EXPENSES ARE REMITTED TO SAMARITAS.

SCHEDULE M, PART I, LINE 19

FOOD CONTRIBUTIONS:

A LOCAL FOOD BANK CONTRIBUTES FOOD THROUGHOUT THE YEAR AS SUPPLIES ARE AVAILABLE.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2015 Open to Public Inspection

Name of the organization	Employer identification number
SAMARITAS	38-1360553

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

AFFORDABLE HOUSING - SAMARITAS MANAGES 16 AFFORDABLE HOUSING COMMUNITIES; RENTAL ASSISTANCE IS PROVIDED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) BASED ON INCOME ELIGIBILITY. THIRTEEN OF THESE HOUSING COMMUNITIES, LOCATED THROUGHOUT THE STATE, SERVE SENIOR ADULTS LIVING INDEPENDENTLY; TWO SERVE FAMILIES, AND ARE LOCATED IN MONROE AND ADRIAN; AND ONE, LOCATED IN LANSING, SERVES PHYSICALLY DISABLED PERSONS CAPABLE OF LIVING INDEPENDENTLY WITH OR WITHOUT A LIVE-IN AIDE. IN 2015, SAMARITAS SERVED 1,466 RESIDENTS IN 933 AFFORDABLE HOUSING APARTMENTS. THE PROPERTIES CONTINUE TO PERFORM HIGH ON ALL HUD REVIEWS, ACHIEVING AN AVERAGE REAC SCORE OF 95, DEMONSTRATING SAMARITAS' COMMITMENT TO HIGH STANDARDS OF MAINTENANCE AND SERVICE.

SERVICES FOR PERSONS WITH DISABILITIES - SAMARITAS PROVIDES RESIDENTIAL CARE AND SUPPORT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OR MENTAL ILLNESS, PRIMARILY THROUGH CONTRACTS WITH COMMUNITY MENTAL HEALTH AGENCIES. SAMARITAS OWNS AND/OR OPERATES 15 LICENSED GROUP HOMES LOCATED IN 10 COUNTIES; WE ALSO PROVIDE SERVICES THROUGH STAFF SUPPORT IN THE CONSUMERS' HOME OR WITH THEIR FAMILIES. IN 2015, SAMARITAS SERVED 83 CONSUMERS.

HOME CARE - SAMARITAS CONTINUES TO DEVELOP ITS HOME CARE OFFERING; WITH THE GOAL TO PROVIDE SUPPORTS THAT ENABLE CONSUMERS TO ATTAIN AND MAINTAIN

THEIR INDEPENDENCE. WE PROVIDE SUPPORT FOR ACTIVITIES OF DAILY LIVING, HOME HEALTH AND SOME BEHAVIORAL HEALTH, SERVING SENIORS, PERSONS/CHILDREN WITH DISABILITIES AND/OR MENTAL ILLNESS, AND PERSONS CONVALESCING FROM AN ILLNESS OR SURGERY.

SAMARITAS PROVIDES NON-SKILLED HOME CARE FOR FAMILIES THROUGH ITS HOME CARE ASSISTANCE (PRIVATE PAY) AND ITS IN-HOME SUPPORT SERVICES (MEDICAID) PROGRAMS. IN 2015, SAMARITAS SERVED 586 INDIVIDUALS IN THESE PROGRAMS, WITH OVER 306,000 HOURS OF CARE PROVIDED. IN ADDITION, SAMARITAS OPERATES A MEDICARE-CERTIFIED HOME HEALTH PROGRAM. THIS PROGRAM SERVED 163 INDIVIDUALS IN 2015.

REHABILITATION SERVICES - TO PROVIDE SUPPORT TO THE HOME HEALTH PROGRAM, AND TO INTEGRATE ITS SERVICES INTO THEIR SKILLED-NURSING FACILITIES, SAMARITAS PURCHASED TOTAL REHAB SERVICES (TRS), A REHABILITATION THERAPY STAFFING COMPANY. IN ADDITION TO PROVIDING THERAPY SERVICES TO HOME HEALTH, TRS SERVED A TOTAL OF 5,512 INDIVIDUALS IN 2015 THROUGH CONTRACTS WITH, PRIMARILY, OTHER HOME HEALTH AGENCIES.

FORM 990, PART VI, SECTION A, LINE 4
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:
IN APRIL 2016, LUTHERAN SOCIAL SERVICES OF MICHIGAN CHANGED ITS NAME TO SAMARITAS. IN ADDITION, SAMARITAS' MISSION CHANGED IN APRIL 2016.

FORM 990, PART VI, SECTION A, LINE 7B
SAMARITAS FOUNDATION AND HEARTLINE, INC. ARE REQUIRED TO HAVE ANY

Name of the organization	Employer identification number
SAMARITAS	38-1360553

DECISIONS MADE BY THEIR BOARD OF DIRECTORS ALSO APPROVED BY THE BOARD OF DIRECTORS OF SAMARITAS, THEIR PARENT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B
FORM 990 REVIEW PROCESS:
PRIOR TO SUBMISSION TO THE IRS, THE FORM IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C
CONFLICT OF INTEREST POLICY:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY BY MONITORING CONTRACTS, INVOICES, AND PERSONNEL, AND BY REQUESTING INFORMATION AT ALL BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A & 15B
PROCESS FOR DETERMINING COMPENSATION:
CEO COMPENSATION: THE EXECUTIVE COMMITTEE DETERMINES CEO COMPENSATION USING COMPARATIVE DATA COMPILED BY INTERNAL AND EXTERNAL HUMAN RESOURCE DIVISION SOURCES, ALONG WITH SPECIFIC GOAL ACHIEVEMENTS. OTHER TOP COMPENSATION: AT DIRECTION OF THE HUMAN RESOURCES DEPARTMENT, COMPARABLE DATA AND BUDGETARY GUIDELINES ARE USED TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION B, LINE 16A
EVALUATION OF JOINT VENTURE ARRANGEMENTS:
THE ORGANIZATION HAS .01% PARTNERSHIP INTERESTS IN THREE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIPS. THE ORGANIZATION HAS TAKEN

Name of the organization	Employer identification number
SAMARITAS	38-1360553

STEPS TO SAFE GUARD ITS EXEMPT STATUS BY HAVING CONTROL OVER THE VENTURES SUFFICIENT TO ENSURE THAT THE VENTURES FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION. IN ADDITION, IT IS REQUIRED THAT ALL CONTRACTS ENTERED INTO WITH THE ORGANIZATION BE ON TERMS THAT ARE AT ARM'S LENGTH OR MORE FAVORABLE TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12-16
POLICIES OF DISREGARDED ENTITIES:
ALTHOUGH THE DISREGARDED ENTITIES HAVE NOT ADOPTED ALL OF THESE GOVERNANCE POLICIES, THEY FOLLOW THE SAME POLICIES AS SAMARITAS.

FORM 990, PART VI, SECTION C, LINE 19
AVAILABILITY OF DOCUMENTS TO THE PUBLIC:
THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST. JENNY CEDERSTROM HAS PUBLIC INSPECTION COPIES AVAILABLE AT 8131 EAST JEFFERSON AVENUE, DETROIT, MI 48214

FORM 990, PART XI, LINE 8
A PRIOR PERIOD ADJUSTMENT HAS BEEN PRESENTED TO REFLECT A CHANGE TO NET ASSETS RELATED TO THE ORGANIZATION'S INVESTMENT IN THREE LDHA PARTNERSHIPS, WHICH ARE NOT INCLUDED IN THE GROUP RETURN. IN PRIOR YEARS, 100% OF THE LDHA PARTNERSHIPS' ASSETS, LIABILITIES AND NET ASSETS WERE REPORTED ON THE BALANCE SHEET OF THE ORGANIZATION'S FORM 990. THE CURRENT YEAR'S PRESENTATION REPORTS THE ORGANIZATION'S MINORITY INTEREST IN THESE PARTNERSHIPS OF 0.01%, WHICH IS INCLUDED AS A PROGRAM-RELATED INVESTMENT ON THE BALANCE SHEET OF THE ORGANIZATION'S FORM 990.

Name of the organization	Employer identification number
SAMARITAS	38-1360553

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS:

CHANGE IN INTEREST RATE SWAP - $ (25,570)

LOSS FROM BOND REFINANCE - $ (760,483)

IMPAIRMENT OF GOODWILL - $ (177,510)

NET INCOME/LOSS FROM AFFILIATE'S OPERATIONS - $ (426,029)

SCHEDULE R

RELATED PARTY DISCLOSURE - SUBSIDIARIES AND AFFILIATES:

THE SAMARITAS FOUNDATION IS A WHOLLY-OWNED, NOT-FOR-PROFIT SUBSIDIARY OF SAMARITAS. DONORS CONTRIBUTE TO THE FOUNDATION THROUGH EITHER GENERAL CONTRIBUTIONS OR ENDOWMENT FUNDS.

DANISH VILLAGE GP, LLC IS THE WHOLLY OWNED GENERAL PARTNER OF DANISH VILLAGE LDHA, WHICH PROVIDES HOUSING FOR SENIORS AND DISABLED INDIVIDUALS IN ROCHESTER HILLS, MICHIGAN.

ADRIAN VILLAGE GP, LLC IS THE WHOLLY OWNED GENERAL PARTNER OF ADRIAN VILLAGE LDHA, WHICH PROVIDES HOUSING FOR SENIORS AND FAMILIES IN ADRIAN, MICHIGAN.

VILLAGE PINES OF MONROE GP, LLC IS THE WHOLLY OWNED GENERAL PARTNER OF VILLAGE PINES OF MONROE LDHA, WHICH PROVIDES HOUSING FOR SENIORS AND FAMILIES IN MONROE, MICHIGAN.

SAMARITAS IS ONE OF TWO MEMBERS OF LUTHERAN ADOPTION SERVICES (LAS), A

Name of the organization	Employer identification number
SAMARITAS	38-1360553

NOT-FOR-PROFIT CORPORATION. SAMARITAS USES THE EQUITY METHOD TO RECORD ITS 50% EQUITY INTEREST IN LAS. SAMARITAS' 2015 EQUITY INTEREST IN LAS WAS $525,156.

CHRISTIAN HOME HEALTH CARE (CHHC) IS A WHOLLY OWNED, NOT-FOR-PROFIT SUBSIDIARY PROVIDING MEDICARE CERTIFIED HOME HEALTH CARE. ORIGINALLY ACQUIRING A 50% OWNERSHIP INTEREST IN 2012, SAMARITAS SUBSEQUENTLY ACQUIRED AN ADDITIONAL 10% IN 2013 AND THE REMAINING 40% IN 2014. CHHC FILED A SEPARATE FORM 990 IN 2015.

SCHEDULE R, PART I

DANISH VILLAGE GP, LLC, ADRIAN VILLAGE GP, LLC, AND VILLAGE PINES OF MONROE GP, LLC:

DANISH VILLAGE GP, LLC IS THE GENERAL PARTNER OF DANISH VILLAGE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP (DANISH VILLAGE LDHA). WHILE ALLOCATION OF THE PROFITS AND LOSSES ARE ALLOCATED 99.99% TO THE LIMITED PARTNERS AND 0.01% TO THE GENERAL PARTNER, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REGARDING CONSOLIDATION OF SUBSIDIARIES, THE GENERAL PARTNER IS DEEMED TO CONTROL THE LIMITED PARTNERSHIP AND, THEREFORE, THE ACCOUNTS OF THE PARTNERSHIP ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SAMARITAS. THE LIMITED PARTNER'S SHARE OF EQUITY, INCOME AND LOSS OF DANISH VILLAGE LDHA ARE REPORTED AS MINORITY INTEREST IN THE CONSOLIDATED FINANCIAL STATEMENTS.

TOTAL ASSETS: $9,924,452

TOTAL LIABILITIES: $9,100,099

Name of the organization	Employer identification number
SAMARITAS	38-1360553

TOTAL NET ASSETS: $824,353

ADRIAN VILLAGE GP, LLC IS THE GENERAL PARTNER OF ADRIAN VILLAGE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP (ADRIAN VILLAGE LDHA). WHILE ALLOCATION OF THE PROFITS AND LOSSES ARE ALLOCATED 99.99% TO THE LIMITED PARTNERS AND 0.01% TO THE GENERAL PARTNER, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REGARDING CONSOLIDATION OF SUBSIDIARIES, THE GENERAL PARTNER IS DEEMED TO CONTROL THE LIMITED PARTNERSHIP AND, THEREFORE, THE ACCOUNTS OF THE PARTNERSHIP ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SAMARTIAS. THE LIMITED PARTNER'S SHARE OF EQUITY, INCOME AND LOSS OF ADRIAN VILLAGE LDHA ARE REPORTED AS MINORITY INTEREST IN THE CONSOLIDATED FINANCIAL STATEMENTS.

TOTAL ASSETS: $9,605,339

TOTAL LIABILITIES: $2,895,710

TOTAL NET ASSETS: $6,705,629

VILLAGE PINES OF MONROE GP, LLC IS THE GENERAL PARTNER OF VILLAGE PINES OF MONROE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP. WHILE ALLOCATION OF THE PROFITS AND LOSSES ARE ALLOCATED 99.99% TO THE LIMITED PARTNERS AND 0.01% TO THE GENERAL PARTNER, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REGARDING CONSOLIDATION OF SUBSIDIARIES, THE GENERAL PARTNER IS DEEMED TO CONTROL THE LIMITED PARTNERSHIP AND, THEREFORE, THE ACCOUNTS OF THE PARTNERSHIP ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SAMARITAS. THE

Name of the organization	Employer identification number
SAMARITAS	38-1360553

LIMITED PARTNER'S SHARE OF EQUITY, INCOME AND LOSS OF ADRIAN VILLAGE LDHA ARE REPORTED AS MINORITY INTEREST IN THE CONSOLIDATED FINANCIAL STATEMENTS.

TOTAL ASSETS: $7,754,803

TOTAL LIABILITIES: $4,915,722

TOTAL NET ASSETS: $2,839,081

SCHEDULE R, PART V, LINE 2

ADDITIONAL SCHEDULE R INFORMATION:

SAMARITAS' BOARD OF DIRECTORS ELECTS THE MAJORITY OF THE BOARDS OF LUTHERAN HOUSING CORPORATION OF CHEBOYGAN (D/B/A GREBE VILLAGE), LUTHERAN HOUSING CORPORATION OF LANSING (D/B/A ALISON HOUSE), LUTHERAN HOUSING CORPORATION OF ALPENA (D/B/A LUTHER COMMUNITY MANOR), LUTHERAN HOUSING CORPORATION OF ANN ARBOR (D/B/A SEQUOIA PLACE), LUTHERAN HOUSING CORPORATION - CALVARY (D/B/A GATESHEAD CROSSING), AND LUTHERAN HOUSING CORPORATION OF MONROE (D/B/A VILLAGE PINES OF MONROE), EACH OF WHICH IS A SEPARATE TAX-EXEMPT ORGANIZATION WHOSE PURPOSE IS AFFORDABLE HOUSING SOLUTIONS. SAMARITAS HAS RECEIVABLES FROM THESE RELATED FACILITIES AND OTHER MANAGED FACILITIES, AT 12/31/15, TOTALING $60,505 AND SAMARITAS PROVIDES MANAGEMENT SERVICES TO THESE FACILITIES FOR WHICH IT RECOGNIZED MANAGEMENT SERVICE REVENUE OF $296,158.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AT SAMARITAS, OUR MISSION IS SERVING PEOPLE AS AN EXPRESSION OF THE LOVE OF CHRIST. WE CONNECT PEOPLE WITH FAMILIES AND COMMUNITIES, EMPOWER THEM TO LIVE THEIR FULLEST LIFE POSSIBLE, AND CREATE A RIPPLE EFFECT OF TRANSFORMATION. SAMARITAS CREATES COMMUNITIES OF SERVICE.

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WE WALK WITH PEOPLE IN NEED, OFFERING HOPE AND COMPASSION WHILE UPHOLDING THEIR DIGNITY, ADVOCATING FOR EQUALITY AND JUSTICE, AND SEEKING CREATIVE SOLUTIONS. A SOCIAL MINISTRY OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA), SAMARITAS IS NOT JUST FOR LUTHERANS. THE CHURCH HAS BEEN MEETING PEOPLE'S NEEDS SINCE THE EARLY 1900S WHEN A LUTHERAN "CITY MISSIONARY" ARRIVED IN DETROIT TO PROVIDE SERVICES TO THE POOR. FROM THE VERY BEGINNING, SAMARITAS HAS REACHED OUT TO INDIVIDUALS REGARDLESS OF THEIR RELIGION, RACE, SEXUAL ORIENTATION OR ETHNICITY. THE ORGANIZATION WAS INCORPORATED AS THE LUTHERAN INNER MISSION LEAGUE IN 1934. TODAY, SAMARITAS SPANS THE STATE'S LOWER PENINSULA WITH MORE THAN 70 PROGRAMS IN 40 CITIES. SAMARITAS DIVERSE STAFF SHARE A DEDICATION TO SERVING THEIR FELLOW HUMANS BY DOING THE RIGHT THING, FOR THE RIGHT REASONS, EVERY DAY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SENIOR LIVING - SAMARITAS OPERATES A CONTINUING CARE RETIREMENT COMMUNITY, WHICH INCLUDES INDEPENDENT LIVING /ASSISTED LIVING, ASSISTED LIVING/MEMORY CARE, AND AN INPATIENT REHABILITATION SKILLED NURSING FACILITY. IN ADDITION, SAMARITAS OFFERS TWO INDEPENDENT LIVING/ASSISTED LIVING COMMUNITIES AND TWO INDEPENDENT INPATIENT REHABILITATION AND SKILLED NURSING COMMUNITIES. IN 2015, WE SERVED 563 RESIDENTS IN OUR INDEPENDENT/ASSISTED LIVING PROGRAMS, ALLOWING THESE RESIDENTS TO MAINTAIN INDEPENDENCE WITHIN THE COMMUNITY. IN ADDITION, WE SERVED 959 RESIDENTS IN OUR SKILLED

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

ATTACHMENT 2 (CONT'D)

NURSING COMMUNITIES. SAMARITAS PLACES A STRONG EMPHASIS ON QUALITY SERVICES FOR OUR RESIDENTS AND FOCUSES ON RESIDENT SAFETY AND OTHER CLINICAL INDICATORS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FOSTER CARE AND PREVENTION - SAMARITAS IS THE LARGEST PRIVATE FOSTER CARE AGENCY IN MICHIGAN, WITH SIX REGIONAL CENTERS IN THE LOWER PENINSULA. IN ADDITION TO DOMESTIC FOSTER CARE, SAMARITAS MANAGES AN UNACCOMPANIED REFUGEE MINORS FOSTER CARE PROGRAM. IN 2015, SAMARITAS SERVED 1,493 DOMESTIC AND UNACCOMPANIED MINOR FOSTER YOUTH PROVIDING 288,122 DAYS OF FOSTER CARE. OF THE YOUTH IN FOSTER CARE, 74% WERE ABLE TO RETURN TO A PARENT OR FAMILY MEMBER WITHIN 12 MONTHS OF ENTERING THE FOSTER CARE SYSTEM. ACHIEVING PERMANENCY IS CRITICAL FOR THE WELL-BEING OF CHILDREN WHO ARE UNABLE TO RETURN TO A PARENT/FAMILY MEMBER, AND 76% OF OUR YOUTH WERE PLACED FOR ADOPTION WITHIN 24 MONTHS OF ENTERING THE FOSTER CARE SYSTEM, OUT-PERFORMING THE STATE OF MICHIGAN BENCHMARK OF 36%.

TOGETHER WITH WELLSPRING LUTHERAN SERVICES, SAMARITAS OPERATES LUTHERAN ADOPTION SERVICE (LAS). IN 2015, LAS FACILITATED ADOPTIONS FOR 404 YOUTH.

SAMARITAS ALSO OFFERS FAMILY PRESERVATION AND BEHAVIORAL HEALTH

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

ATTACHMENT 3 (CONT'D)

PROGRAMS, WITH THE OBJECTIVE OF KEEPING AT-RISK CHILDREN SAFELY WITH THEIR FAMILIES. IN 2015, SAMARITAS' FAMILIES FIRST, FAMILY REUNIFICATION, FAMILIES TOGETHER BUILDING SOLUTIONS AND PROTECT MIFAMILY PROGRAMS SERVED 671 FAMILIES (NEARLY 2,700 INDIVIDUALS) WHO WERE AT RISK OF HAVING CHILDREN REMOVED BY CHILD PROTECTIVE SERVICES. OF THOSE FAMILIES, 86% WERE STILL INTACT 12 MONTHS AFTER THE INTERVENTION. IN ADDITION, SAMARITAS SERVED 500 INDIVIDUALS IN OUR BEHAVIORAL HEALTH PROGRAMS, PROVIDING TREATMENT AND SUPPORT IN COMMUNITY SETTINGS.

SAMARITAS ADMINISTERS THE STATE OF MICHIGAN'S EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM, WHICH ENABLES YOUTH WHO HAVE BEEN OR CURRENTLY ARE IN FOSTER CARE TO PURSUE SECONDARY EDUCATION OR VOCATIONAL TRAINING BY PROVIDING CASE MANAGEMENT, MENTORING AND FINANCIAL ASSISTANCE. IN 2015, 515 YOUTH RECEIVED SUPPORT THROUGH THE ETV PROGRAM.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

OUTREACH SERVICES - SAMARITAS IS MICHIGAN'S LARGEST PRIVATE REFUGEE RESETTLEMENT AGENCY, PROVIDING SPONSORSHIP OF REFUGEES, IMMIGRATION AND RELATED LEGAL SERVICES, AND ASSISTANCE WITH RESETTLEMENT AND ACCULTURATION. SAMARITAS IS MICHIGAN'S PRIMARY PROVIDER FOR JOB DEVELOPMENT AND PLACEMENT, ENGLISH LANGUAGE TRAINING AND CITIZENSHIP SERVICES. IN 2015, SAMARITAS SUPPORTED

Name of the organization	Employer identification number
SAMARITAS	38-1360553

ATTACHMENT 4 (CONT'D)

THE RESETTLEMENT OF 989 REFUGEES. IN ADDITION, 2,735 REFUGEES RECEIVED EMPLOYMENT ASSISTANCE, AND 671 YOUTH WERE ENROLLED IN SAMARITAS' SCHOOL PROGRAM. AFTER RESETTLEMENT, THE FOCUS IS TO ACHIEVE SELF-SUFFICIENCY. AT 90 DAYS, 76% OF OUR REFUGEES ARE EMPLOYED.

SAMARITAS OWNS AND OPERATES A COMMUNITY CENTER IN SAGINAW - NEIGHBORHOOD HOUSE. IN 2015, NEIGHBORHOOD HOUSE SERVED 26,871 MEALS, BOTH AT THE COMMUNITY CENTER AND TO HOME-BOUND SENIOR COMMUNITY MEMBERS. IN ADDITION, THE CENTER PROVIDED TUTORING AND AFTER SCHOOL RECREATION TO YOUTH. NINETY-FOUR PERCENT OF YOUTH ATTENDED SCHOOL REGULARLY AND 89% OF YOUTH HAD PASSING GRADES.

SAMARITAS RUNS A 33-PERSON RESIDENTIAL CENTER IN DETROIT THAT PROVIDES TRANSITIONAL SERVICES FOR WOMEN EXITING THE CRIMINAL JUSTICE SYSTEM - HEARTLINE. HEARTLINE SERVED OVER 100 WOMEN IN 2015. OF THOSE WOMEN, 53% COMPLETED THE PROGRAM SUCCESSFULLY.

SAMARITAS OPERATES THE WAYNE COUNTY FAMILY CENTER IN WESTLAND, MICHIGAN'S LARGEST HOMELESS SHELTER FOR FAMILIES (PARENTS WITH CHILDREN AND PREGNANT SINGLE WOMEN), HOUSING UP TO 108 PERSONS IN 24 ROOMS, AND OFFERING AN ONSITE LICENSED CHILD CARE CENTER. IN 2015, THE WAYNE COUNTY FAMILY CENTER PROVIDED 86 FAMILIES (325 INDIVIDUALS) WITH TEMPORARY HOUSING. OF THOSE EXITING THE CENTER, 70% MAINTAINED OR INCREASED THEIR INCOME AND 71% EXITED TO PERMANENT HOUSING.

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE DESCRIPTION IN SCHEDULE O	4,058.	15,880,425.	16,406,338.
TOTALS	4,058.	15,880,425.	16,406,338.

ATTACHMENT 6

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SELECT REHABILITATION 2600 COMPASS ROAD GLENVIEW, IL 60026	REHAB. SERVICES	2,178,948.
ELZINGA & VOLKERS INC 86 E. STREET HOLLAND, MI 49423	CONSTRUCTION MGT	1,887,540.
SODEXO INC & AFFILIATES 9801 WASHINGTO BLVD GAITHERSBURG, MD 20878	QUALITY OF LIFE	1,698,977.
MORRISON MANAGEMENT 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	SENIOR LIVING FOOD	1,070,114.
VISTA MARIA HOME 20651 WEST WARREN ST DEARBORN HEIGHTS, MI 48217	FOSTER CARE SERVICES	418,309.

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE BONDS	3,597,759.	FMV
U.S. GOVERNMENT OBLIGATIONS	1,240,879.	FMV

Name of the organization: SAMARITAS

Employer identification number: 38-1360553

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS	14,148,743.	FMV
CERTIFICATES OF DEPOSIT	400,000.	FMV
ANNUITY	90,166.	FMV
EQUITY INVESTMENTS	2,126,473.	FMV
TOTALS	21,604,020.	

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

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) HOPE DEVELOPMENT SOLUTIONS LLC 20-5529686 8131 E. JEFFERSON AVE. DETROIT, MI 48214	DEVELOPMENT	MI	252,525.	254,214.	SAMARITAS
(2) DANISH VILLAGE GP, LLC 20-5529744 8131 E. JEFFERSON AVE. DETROIT, MI 48214	HOUSING ASSIS	MI	-39.	-615.	SAMARTIAS
(3) ADRIAN VILLAGE GP, LLC 46-0876659 8131 E. JEFFERSON AVE. DETROIT, MI 48214	HOUSING ASSIS	MI	-61.	-127.	SAMARTIAS
(4) VILLAGES PINES OF MONROE GP, LLC 47-3801788 8131 E. JEFFERSON AVENUE DETROIT, MI 48214	HOUSING ASSIS	MI	1.	607,425.	SAMARTIAS
(5)					
(6)					

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	(g) No
(1) EVANGELICAL LUTHERAN CHURCH IN AMERICA 41-1568278 8765 W. HIGGINS ROAD CHICAGO, IL 60631	CHURCH	IL	501(C)(3)	1	N/A		X
(2) LUTHERAN HOUSING CORP OF CHEBOYGAN 38-2593772 1035 STANLEY STREET CHEBOYGAN, MI 49721	LOW INC HOUSE	MI	501(C)(3)	9	SAMARITAS	X	
(3) LUTHERAN HOUSING CORPORATION OF ALPENA 38-2534392 210 WILSON ST ALPENA, MI 49707	LOW INC HOUSE	MI	501(C)(3)	9	SAMARITAS	X	
(4) LUTHERAN HOUSING CORP OF ANN ARBOR 38-3112348 8131 E JEFFERSON AVENUE DETROIT, MI 48214	LOW INC HOUSE	MI	501(C)(3)	9	SAMARITAS	X	
(5) LUTHERAN HOUSING CORPORATION OF MONROE 38-3258345 8131 E JEFFERSON AVE. DETROIT, MI 48214	LOW INC HOUSE	MI	501(C)(3)	9	SAMARITAS	X	
(6) LUTHERAN ADOPTION SERVICE 38-3330163 8131 E JEFFERSON AVE DETROIT, MI 48214	ADOPT SERV.	MI	501(C)(3)	7	N/A		X
(7) LUTHERAN NP HOUSING CORP - LANSING 30-0141220 8131 E JEFFERSON AVENUE DETROIT, MI 48214	LOW INC HOUSE	MI	501(C)(3)	9	SAMARITAS	X	

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) No
(1) LUTHERAN HOUSING CORPORATION - CALVARY 20-8466348 4950 GATESHEAD STREET DETROIT, MI 48236	LOW INC HOUSE	MI	501(C)(3)	9	SAMARITAS	X	
(2) CHRISTIAN HOME HEALTH CARE 74-3252227 8115 E JEFFERSON DETROIT, MI 48214	SOCIAL SERV.	MI	501(C)(3)	7	SAMARITAS	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DANISH VILLAGE LDHA LP 20-2660 8131 E. JEFFERSON AVE DETROIT	LOW-INCOME HO	MI	N/A	RELATED	-39	-615		X	0	X		1.0000
(2) ADRIAN VILLAGE LDHA LP 45-4532 8131 E JEFFERSON AVE DETROIT,	LOW-INCOME HO	MI	N/A	REALTED	-61	-127.		X	0	X		1 0000
(3) VILLAGE PINES OF MONROE LDHA L 8131 E JEFFERSON AVE DETROIT,	LOW-INCOME HO	MI	N/A	RELATED	1	607,425.		X	0.	X		1 0000
(4)												
(5)												
(6)												
(7)												

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	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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 organization 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	X	
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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
(1) VILLAGE PINES OF MONROE	L	79,432.	COST
(2) LUTHERAN HOUSING CORPORATION-CALVARY	L	139,154.	COST
(3) LUTHERAN ADOPTION SERVICE	E	70,536.	COST
(4) LUTHERAN ADOPTION SERVICE	L	187,790.	COST
(5) LUTHERAN ADOPTION SERVICE	K	106,920.	COST
(6) LUTHERAN ADOPTION SERVICE	P	3,384,617.	COST

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 organization 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		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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
(1)	CHRISTIAN HOME HEALTH CARE	D	698,513.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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