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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ 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) | Room/suite
8131 E JEFFERSON AVENUE

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 $ 153,310,349

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

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

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

H(c) Group exemption number ▶ 9386

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

J Website: ▶ WWW SAMARITAS ORG

K Form of organization ☑ 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
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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,410
6	Total number of volunteers (estimate if necessary)	**6**	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,606
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,586,346	37,916,980
9	Program service revenue (Part VIII, line 2g)	77,857,010	59,542,825
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,392,902	1,352,501
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,387,842	950,826
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,224,100	99,763,132

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,518,065	10,944,283
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)	58,883,293	59,039,652
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,373,866		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,165,280	30,318,212
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	101,566,638	100,302,147
19	Revenue less expenses Subtract line 18 from line 12	-342,538	-539,015

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	103,549,737	104,464,768
21	Total liabilities (Part X, line 26)	64,295,044	63,222,146
22	Net assets or fund balances Subtract line 21 from line 20	39,254,693	41,242,622

Net Assets or Fund Balances

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

****** 2017-09-26
Signature of officer Date

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
LYNNE M HUISMANN	LYNNE M HUISMANN	2017-09-26		P00053811

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 27400 Northwestern Highway, Southfield, MI 48034 — Phone no (248) 352-2500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 41,920,951 including grants of $) (Revenue $ 44,311,616)

See Additional Data

4b (Code) (Expenses $ 23,567,556 including grants of $ 7,143,762) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 10,305,253 including grants of $ 3,785,944) (Revenue $ 1,021,803)

See Additional Data

(Code) (Expenses $ 16,057,933 including grants of $ 14,577) (Revenue $ 15,151,626)

SERVICES FOR PERSONS WITH DISABILITIES - IN 2016, WE SERVED 70 INDIVIDUALS WITH DEVELOPMENTAL/INTELLECTUAL DISABILITIES (DD/ID) INCLUDING INDIVIDUALS WITH AUTISM, DOWN SYNDROME, MENTAL ILLNESS AND OTHER DD /ID DIAGNOSES THIS SUPPORT IS ACHIEVED BY PROVIDING A LICENSED HOME AND CARE FOR INDIVIDUALS OR BY PROVIDING COMMUNITY LIVING SUPPORT SERVICES IN A PERSON'S OWN HOME WE HAVE MULTIPLE LOCATIONS THROUGHOUT THE STATE WHERE WE ARE ABLE TO ARRANGE THESE SERVICES AND SUPPORTS WE ALSO ASSIST INDIVIDUALS IN MAINTAINING INDEPENDENCE WITHIN THEIR OWN HOMES BY WORKING WITH CLIENTS ON A DAILY OR WEEKLY BASIS, WE HAVE THE ABILITY TO SEE FIRST-HAND WHEN THEY HAVE PHYSICAL/EMOTIONAL/MENTAL DETERIORATION AND ADDRESS THE ISSUES SO INDEPENDENCE ISN'T THREATENED WE ALSO WORK ON SKILL-BUILDING WITH CLIENTS TO IMPROVE ADLS, SOCIALIZATION, COMMUNICATION, AND COMMUNITY SKILLS WE INTEGRATE OUR CLIENTS INTO LOCAL COMMUNITY ACTIVITIES IN ORDER TO BE AMONG OTHER COMMUNITY MEMBERS AND PARTICIPATE IN ACTIVITIES OF THEIR CHOOSING AFFORDABLE HOUSING - SAMARITAS MANAGES 15 AFFORDABLE HOUSING COMMUNITIES, WHERE RENTAL ASSISTANCE IS PROVIDED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) BASED ON INCOME ELIGIBILITY TWELVE OF THESE HOUSING COMMUNITIES SERVE SENIOR ADULTS LIVING INDEPENDENTLY, TWO SERVE FAMILIES, AND ONE SERVES PHYSICALLY DISABLED PERSONS CAPABLE OF LIVING INDEPENDENTLY WITH OR WITHOUT A LIVE-IN AIDE FOR PEOPLE ON A FIXED INCOME, WITH LOW OR NO INCOME, SAMARITAS OFFERS AFFORDABLE LIVING IN MICHIGAN THANKS TO OUR HUD-SUBSIDIZED COMMUNITIES EACH COMMUNITY FEATURES ITS OWN UNIQUE BLEND OF RESIDENCES, AMENITIES, PROGRAMS AND HEALTHCARE SERVICES SO OUR RESIDENTS FEEL LIKE THEY ARE A PART OF A TRUE COMMUNITY WITH FRIENDLY NEIGHBORS AND CARING STAFF THAT BECOME LIKE FAMILY THERE IS NEVER A DULL MOMENT AT SAMARITAS AFFORDABLE LIVING BECAUSE RESIDENTS ENJOY AN ABUNDANCE OF ACTIVITIES THAT RANGE FROM FUN TO EDUCATIONAL AND EVERYTHING IN BETWEEN IN 2016, SAMARITAS SERVED 1,688 RESIDENTS IN AFFORDABLE HOUSING APARTMENTS THE PROPERTIES CONTINUE TO PERFORM HIGH ON ALL HUD REVIEWS, ACHIEVING AN AVERAGE REAC SCORE OF 95%, DEMONSTRATING SAMARITAS' COMMITMENT TO A HIGH STANDARD OF MAINTENANCE AND SERVICE HOME CARE - SAMARITAS HOME HEALTH CARE PROVIDES MEDICAL TREATMENT WITH THE GOAL OF HELPING INDIVIDUALS RECOVER, REGAIN INDEPENDENCE, AND BECOME AS SELF-SUFFICIENT AS POSSIBLE SAMARITAS REALIZES THAT AS PEOPLE AGE, THEY WANT TO STAY IN THEIR HOME THAT'S WHY WE'VE DEVELOPED SEVERAL WAYS TO ALLOW SENIORS TO AGE IN PLACE SAMARITAS HOME HEALTH OFFERS A WIDE RANGE OF SERVICES THAT CAN BE PROVIDED AT HOME TO HELP INDIVIDUALS RECOVER FROM AN INJURY, ILLNESS OR SURGERY INITIAL VISITS INCLUDE AN EVALUATION OF MEDICAL STATUS, MEDICATIONS AND HISTORY EDUCATION REGARDING MEDICAL CONDITION AND STEPS TO IMPROVE UNDERSTANDING AND OVERALL HEALTH IS PRESENTED AT EACH VISIT ALL STAFF WORK WITH INDIVIDUALS TO LIVE AS INDEPENDENTLY AND ACTIVELY AS POSSIBLE SAMARITAS HOME HEALTH IS MADE UP OF AN INTER-DISCIPLINARY TEAM OF COMPASSIONATE HEALTH CARE PROFESSIONALS THE SERVICES WE PROVIDE ARE AT THE RECOMMENDATION OF A PHYSICIAN WE ARE ABLE TO PERFORM EACH OF THE FOLLOWING SERVICES BASED ON INDIVIDUAL NEEDS NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AND PSYCHOSOCIAL SERVICES SAMARITAS SERVED 312 CLIENTS THROUGH OUR HOME HEALTH PROGRAM IN 2016, WITH AN OVERALL CARE RATING OF 84%, WHICH EXCEEDED THE TARGET RATING OF 82% OUR HOME CARE ASSISTANCE AND SUPPORT SERVICES PROGRAMS BRING TRAINED PROFESSIONALS RIGHT TO INDIVIDUALS' HOMES TO DELIVER SUPPORT WE PROVIDE NON-MEDICAL SERVICES THAT INCLUDE ASSISTANCE WITH BATHING, GROOMING, DRESSING, TRANSPORTATION, ERRANDS, LIGHT HOUSEKEEPING, MEAL PREPARATION, MEDICATION REMINDERS OR JUST SOMEONE TO OFFER COMPANIONSHIP THIS PROGRAM IS RECOMMENDED FOR SENIORS WHO DO NOT REQUIRE MEDICAL SERVICES BUT WHO ARE LOOKING FOR SUPPORT AND ASSISTANCE EACH CLIENT RECEIVES A PERSONAL CONSULTATION TO HELP DECIDE WHICH SERVICES ARE DESIRED AND THROUGH OUR ASSESSMENT PROCESS, CLIENTS WILL BE MATCHED WITH THE CAREGIVER BEST-FIT FOR THEIR NEEDS CLIENTS ALSO HAVE THE OPPORTUNITY TO MEET PROSPECTIVE CAREGIVERS AND DECIDE WHO THEY WOULD LIKE TO WORK WITH IN ADDITION, SOMETIMES FAMILY OR FRIENDS WHO CARE FOR A LOVED ONE NEED SOME "OFF DUTY" TIME, TO RELAX OR TEND TO THEIR OWN PERSONAL NEEDS WE PROVIDE RESPITE SERVICES ON A REGULAR BASIS, SO CAREGIVERS CAN HAVE A FEW HOURS "OFF" EVERY WEEK WE ALSO PROVIDE RESPITE SERVICES ON A TEMPORARY BASIS FOR CAREGIVERS WHO WILL BE AWAY FOR A FEW DAYS OR A FEW WEEKS SAMARITAS PROVIDED HOME CARE ASSISTANCE AND SUPPORT SERVICES TO 301 CLIENTS WITH OVER 360,000 HOURS OF CARE IN 2016 TOTAL REHAB SERVICES (TRS), A REHABILITATION THERAPY STAFFING COMPANY, PROVIDED SKILLED PHYSICAL AND OCCUPATIONAL THERAPY TO HEALTHCARE ORGANIZATIONS ACROSS MICHIGAN AND IN FLORIDA TRS WAS ALSO INTEGRATED INTO SOME OF OUR SKILLED NURSING FACILITIES, AND COORDINATION WITH OUR HOME HEALTH PROGRAMS TO GET PATIENTS HOME QUICKLY AND SAFELY IN 2016, 4,412 PERSONS WERE SERVED THROUGH TRS WITH A TOTAL OF 45,244 VISITS

4d Other program services (Describe in Schedule O)

(Expenses $ 16,057,933 including grants of $ 14,577) (Revenue $ 15,151,626)

4e **Total program service expenses ▶** 91,851,693

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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		No

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**		No
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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	115		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,410		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
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**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	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**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JENNY CEDERSTROM 8131 E JEFFERSON AVENUE 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 . . . . . ☐

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,028,478	0	167,930

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 ▶ 25

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	SENIOR LIVING FOOD	1,043,031
CREATIVE DINING SERVICES ONE ROYAL PARK DRIVE ZEELAND, MI 49464	SENIOR LIVING FOOD	827,312
SELECT REHABILITATION 2600 COMPASS ROAD GLENVIEW, IL 60026	REHAB SERVICES	597,777
VISTA MARIA HOME 20651 WEST WARREN ST DEARBORN HEIGHTS, MI 48217	FOSTER CARE SERVICES	369,918
SODEXO INC & AFFILIATES 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	QUALITY OF LIFE	295,281

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 19

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 78,728				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 30,402,092				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 7,436,160				
	g Noncash contributions included in lines 1a-1f $ 1,013,387				
	h Total. Add lines 1a-1f . . . . . ▶	37,916,980			

Program Service Revenue	Business Code				
2a SENIOR LIVING SERVICES	623000	44,311,616	44,311,616		
b PROGRAM SERVICE FEES	623990	14,104,094	14,104,094		
c MANAGEMENT FEE REVENUE	561000	1,127,115	1,127,115		
d					
e					
f All other program service revenue					
g Total. Add lines 2a–2f . . . . ▶		59,542,825			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		836,307			836,307
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	139,451				
b Less rental expenses	25,784				
c Rental income or (loss)	113,667				
d Net rental income or (loss) . . . . . ▶		113,667	113,667		
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	53,956,714 / 80,913				
b Less cost or other basis and sales expenses	53,417,583 / 103,850				
c Gain or (loss)	539,131 / -22,937				
d Net gain or (loss) . . . . . ▶		516,194			516,194
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 . . ▶					
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 . . ▶					
10a Gross sales of inventory, less returns and allowances . . **a**					
b Less cost of goods sold . . **b**					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a SENIOR LIVING ANCILLARY REVENUES	541860	643,599	643,599		
b MISCELLANEOUS	541860	402,102	393,496	8,606	
c TRAINING REIMBURSEMENT	541860	317,888	317,888		
d All other revenue		-526,430	-526,430		
e Total. Add lines 11a–11d . . . . . ▶		837,159			
12 Total revenue. See Instructions . . . . . ▶		99,763,132	60,485,045	8,606	1,352,501

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,000	15,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,929,283	10,929,283		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	909,609		909,609	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	48,752,257	45,000,187	2,978,006	774,064
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	5,167,780	4,773,227	307,835	86,718
10 Payroll taxes	4,210,006	3,982,021	179,510	48,475
11 Fees for services (non-employees)				
a Management				
b Legal	372,400	299,014	69,495	3,891
c Accounting	31,915	25,626	5,956	333
d Lobbying	8,071		8,071	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,004,157	4,820,956	1,120,466	62,735
12 Advertising and promotion				
13 Office expenses	2,606,031	2,521,003	75,580	9,448
14 Information technology				
15 Royalties . .				
16 Occupancy	5,487,302	5,389,563	89,413	8,326
17 Travel	1,771,725	1,644,872	86,983	39,870
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	332,781	265,463	32,032	35,286
20 Interest	1,627,543	1,599,346	25,777	2,420
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	4,031,859	3,823,738	200,706	7,415
23 Insurance . . .	989,925	883,357	88,292	18,276
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 FOOD	1,616,321	1,616,321		
b REPAIRS & MAINTENANCE	1,536,863	1,341,846	165,283	29,734
c PRINTING AND PUBLICATIO	1,207,626	686,882	447,826	72,918
d BAD DEBT EXPENSE	1,157,145	1,132,145		25,000
e All other expenses	1,536,548	1,101,843	285,748	148,957
25 **Total functional expenses.** Add lines 1 through 24e	100,302,147	91,851,693	7,076,588	1,373,866
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,282,075	1	3,054,014
	2	Savings and temporary cash investments	3,426,318	2	1,065,363
	3	Pledges and grants receivable, net	752,817	3	544,331
	4	Accounts receivable, net	13,475,062	4	14,364,753
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	150,340	8	452,558
	9	Prepaid expenses and deferred charges	581,235	9	1,087,088
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 94,755,003			
	b	Less accumulated depreciation — 10b: 45,794,302	49,057,826	10c	48,960,701
	11	Investments—publicly traded securities	21,604,020	11	23,499,021
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	69,871	13	-242
	14	Intangible assets	1,550,178	14	436,384
	15	Other assets See Part IV, line 11	9,599,995	15	11,000,797
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	103,549,737	16	104,464,768
Liabilities	17	Accounts payable and accrued expenses	12,558,140	17	11,425,522
	18	Grants payable		18	
	19	Deferred revenue	1,521,918	19	858,832
	20	Tax-exempt bond liabilities	37,492,807	20	38,027,726
	21	Escrow or custodial account liability Complete Part IV of Schedule D	3,431,458	21	3,123,366
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,040,160	23	8,765,700
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	250,561	25	1,021,000
	26	**Total liabilities.** Add lines 17 through 25	64,295,044	26	63,222,146
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	30,034,457	27	31,229,464
	28	Temporarily restricted net assets	3,326,583	28	4,093,519
	29	Permanently restricted net assets	5,893,653	29	5,919,639
		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	39,254,693	33	41,242,622
	34	Total liabilities and net assets/fund balances	103,549,737	34	104,464,768

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	99,763,132
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,302,147
3	Revenue less expenses Subtract line 2 from line 1	3	-539,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,254,693
5	Net unrealized gains (losses) on investments	5	412,563
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,114,381
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,242,622

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 38-1360553

Name: SAMARITAS

Form 990 (2016)

Form 990, Part III, Line 4a:

SAMARITAS SENIOR LIVING OFFERS RETIREMENT LIVING FOR SENIORS WITH FIVE COMMUNITIES IN MICHIGAN OUR SERVICES INCLUDE INDEPENDENT LIVING, ASSISTED LIVING, SKILLED NURSING, MEMORY SUPPORT, AND REHABILITATION THERAPY OR HOME CARE SERVICES OUR EXPERT CLINICAL TEAMS WILL HELP EVALUATE INDIVIDUAL NEEDS TO DETERMINE WHAT PROGRAM WILL BEST MEET THE NEEDS OF OUR RESIDENTS, WHILE ALSO ALLOWING FOR THE MOST INDEPENDENCE POSSIBLE AS NEEDS CHANGE, SAMARITAS SENIOR LIVING HELPS GUIDE RESIDENTS TO ENSURE SUCCESSFUL TRANSITIONS OF CARE OUR INDEPENDENT APARTMENTS IN GRAND RAPIDS, TRAVERSE CITY AND BLOOMFIELD HILLS, GIVE EVERY SENIOR THE OPPORTUNITY TO CAPTURE THE BEST OF EVERY DAY FIND INSPIRATION IN AN ART OR MUSIC CLASS ENJOY A COMPETITIVE GAME OF CARDS GAIN NEW INSIGHT FROM A VISITING LECTURER OR ENJOY A NIGHT OUT ON THE TOWN WITH NEIGHBORS OUR RESIDENTS LIVE LIFE ON THEIR TERMS, ENJOYING WHAT THEY WANT, WHEN THEY WANT, AT SAMARITAS SENIOR LIVING WHEN OUR RESIDENTS NEED INCREASED SUPPORTS, CATERED LIVING PROVIDES THE SERVICES OF ASSISTED LIVING IN OUR RESIDENTS' APARTMENT ALLOWING OUR RESIDENTS TO CONTINUE TO LIVE IN THEIR HOME BUT HAVE THE SECURITY OF 24 HOUR CARE SAMARITAS SENIOR LIVING OFFERS THREE COMMUNITIES FOR ASSISTED LIVING IN MICHIGAN - BLOOMFIELD HILLS, GRAND RAPIDS AND TRAVERSE CITY EACH COMMUNITY PROVIDES COMPREHENSIVE, PERSONALIZED CARE TAILORED TO OUR RESIDENTS' INDIVIDUAL ABILITIES SAMARITAS ASSISTED LIVING COMMUNITIES ARE COMMITTED TO HELPING MAXIMIZE INDEPENDENCE WHETHER RESIDENTS NEED HELP WITH MEDICATION MANAGEMENT, BATHING, DRESSING OR TRANSPORTATION, OUR CARING TEAMS ARE THERE TO LEND A HAND IN 2016, WE SERVED 606 RESIDENTS IN OUR INDEPENDENT/ASSISTED LIVING PROGRAMS SAMARITAS SENIOR LIVING HAS THREE STATE-LICENSED SKILLED CARE COMMUNITIES, LOCATED IN CADILLAC, GRAND RAPIDS AND SAGINAW EACH COMMUNITY FOCUSES ITS SERVICES IN THESE MAIN AREAS-SKILLED NURSING, MEMORY CARE, INPATIENT AND OUTPATIENT REHABILITATION AND RESPITE CARE RESIDENTS AT THESE COMMUNITIES RECEIVE 24-HOUR CARE SERVICES TAILORED TO THEIR NEEDS WHETHER THE GOAL IS TO RETURN HOME FOLLOWING A REHABILITATION STAY OR TO HAVE PERMANENT RESIDENCE, SAMARITAS SKILLED CARE COMMUNITIES WILL DEVELOP A TREATMENT PLAN CUSTOMIZED FOR OUR RESIDENTS FOR SENIORS WHO REQUIRE CONTINUOUS NURSING CARE, OUR SKILLED NURSES IN GRAND RAPIDS, CADILLAC AND SAGINAW PROVIDE PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT RESIDENTS ARE GIVEN OPPORTUNITIES TO BE AS INDEPENDENT AS POSSIBLE WITH THE ASSURANCE OF CARE FROM OUR LICENSED STAFF MEMBERS SPECIALIZED PROGRAMMING FOR THOSE WHO HAVE COGNITIVE IMPAIRMENT, THE HARBOR PROVIDES A SECURE ENVIRONMENT AND PROGRAMMING WITHIN THE LODGE THE HARBOR HAS SPECIALIZED CAREGIVERS WHO ARE TRAINED TO WORK WITH ONE OF OUR MOST VULNERABLE POPULATIONS REHABILITATION RESIDENTS ARE EMPOWERED TO RETURN HOME IN A TIMELY AND SUCCESSFUL MANNER ONCE RETURNING HOME, OUTPATIENT SERVICES ENSURE SMOOTH TRANSITIONS HOME AND CONTINUED EVALUATION AND TREATMENT IN 2016, WE SERVED 900 RESIDENTS IN OUR SKILLED NURSING COMMUNITIES

Form 990, Part III, Line 4b:

SAMARITAS HAS BEEN PROVIDING SERVICES FOR CHILDREN AND FAMILIES SINCE 1934 WE ARE THE LARGEST PRIVATE FOSTER CARE ORGANIZATION IN MICHIGAN, WITH SIX REGIONAL CENTERS IN THE LOWER PENINSULA FOSTER CARE IS A SERVICE PROVIDED TO CHILDREN FROM BIRTH TO AGE 18 WHO HAVE BEEN REMOVED FROM THEIR HOME BECAUSE OF RISK OF NEGLECT OR ABUSE FOSTER FAMILIES PROVIDE 24-HOUR CARE TO CHILDREN AND HELP BIRTH PARENTS AND CHILDREN WORK TOWARDS FAMILY REUNIFICATION SAMARITAS STAFF PROVIDE SUPPORT, AND THE LOCAL FAMILY COURT REVIEWS PROGRESS REGULARLY OUR EXPERIENCED STAFF ARE PASSIONATE ABOUT THEIR DESIRE TO HELP FOSTER FAMILIES CREATE A BETTER LIFE FOR THE CHILDREN IN THEIR CARE IN 2016, SAMARITAS SERVED 1,358 DOMESTIC YOUTH IN OUR FOSTER CARE PROGRAM 95% OF OUR YOUTH IN FOSTER CARE HAD 2 OR FEWER PLACEMENTS IN FOSTER HOMES OF THE YOUTH IN FOSTER CARE, 72% 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 68% 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% IN ADDITION TO DOMESTIC FOSTER CARE, SAMARITAS' UNACCOMPANIED REFUGEE MINOR (URM) PROGRAM SERVES YOUTH WHO FLEE FROM WAR, VIOLENCE OR PERSECUTION IN DOZENS OF COUNTRIES BY THE TIME THEY GET TO THE UNITED STATES, THEY'VE BEEN SEPARATED FROM AND OFTEN LOST CONTACT WITH PARENTS AND OTHER FAMILY MEMBERS WHO CAN CARE FOR THEM AND HAVE OFTEN SUFFERED GREAT TRAUMAS AND THEY'RE NOT EVEN 18 YEARS OLD THIS PROGRAM PROVIDES A VARIETY OF DIFFERENT SERVICES FOR YOUTH MOST YOUTH ARE PLACED IN FOSTER HOMES TO PROVIDE THE FAMILY ENVIRONMENT THAT IS IDEAL FOR YOUNG PEOPLE SOME YOUTH NEED MORE ASSISTANCE TO RECOVER FROM PAST TRAUMAS AND ARE PLACED IN OUR THERAPEUTIC FOSTER CARE PROGRAM AS YOUTH MATURE AND GAIN INDEPENDENCE, THEY OFTEN GRADUATE TO A HOST HOME, PROVIDING LESS SUPERVISION AND MORE GENERAL GUIDANCE ABOUT HOW TO LIVE ON THEIR OWN MANY YOUTH IN THE PROGRAM MAY BE MATCHED WITH A MENTOR, WHO WILL BE A POSITIVE ROLE MODEL AND HELP THEM ADJUST TO THE CUSTOMS AND CULTURE OF THE UNITED STATES MANY YOUTH ALSO HAVE A TUTOR WHO HELPS THEM LEARN IN A NEW EDUCATIONAL SYSTEM AND DEVELOP POSITIVE STUDY HABITS IN 2016, SAMARITAS SERVED 26 MALES, AGES 11-17 YEARS SAMARITAS' BEHAVIORAL HEALTH PROGRAMS CONSIST OF SEVERAL PROGRAMS OF VARYING SIZES, INCLUDING HOME-BASED SERVICES, OUTPATIENT THERAPY, TRAUMA ASSESSMENT AND SUPPORT SERVICES (FOR YOUTH) ALL OF OUR BEHAVIORAL HEALTH PROGRAMS ARE DESIGNED TO USE PERSON CENTERED PLANNING TO KEEP THE CHILD IN THE LEAST RESTRICTIVE HOME ENVIRONMENT IN 2016, SAMARITAS SERVED 922 PERSONS IN OUR BEHAVIORAL HEALTH PROGRAMS OF THOSE PERSONS SERVED, 83% OF THE CHILDREN IN HOME BASED PROGRAMS MAINTAINED OR INCREASED THEIR LEVEL OF FUNCTION (AS MEASURED BY CAFAS) 100% OF DISCHARGED YOUTH RECEIVING SUPPORT SERVICES SHOWED IMPROVED COMMUNITY INCLUSION SAMARITAS ALSO OFFERS FAMILY PRESERVATION PROGRAMS, WITH THE OBJECTIVE OF KEEPING AT-RISK CHILDREN SAFELY WITH THEIR FAMILIES OUR FAMILIES FIRST PROGRAM PROVIDES ASSISTANCE FOR FAMILIES AT RISK OF ENTERING THE FOSTER CARE SYSTEM OR REQUIRING HELP WITH REUNIFICATION WHEN CHILDREN RETURN FROM FOSTER CARE THIS PROGRAM MAKES COMMUNITY CONNECTIONS, INCREASES NATURAL SUPPORTS AND HELPS WITH BUDGETING AND EDUCATION TOWARD KEEPING FAMILIES TOGETHER THE GOAL IS TO QUICKLY STABILIZE AND PRESERVE THE FAMILY IN 2016, 1,428 INDIVIDUALS WERE SERVED UNDER THIS PROGRAM, AND 88% OF THE CHILDREN WERE NOT PLACED IN FOSTER CARE WITHIN 12 MONTHS OF COMPLETING THE PROGRAM OUR FAMILY REUNIFICATION PROGRAM PROVIDES RESOURCES FOR FAMILIES WELCOMING THEIR CHILDREN BACK FROM A STAY IN FOSTER CARE, AND IS DESIGNED TO ASSURE CONTINUED SUCCESS IN MAINTAINING CHILDREN WITH THEIR FAMILIES WE OFFER COUNSELING AND GUIDANCE ON THE MATTERS THAT ARE ESSENTIAL TO MAINTAINING A HEALTHY FAMILY LIFE, INCLUDING BUDGETING, EDUCATION AND HOME MANAGEMENT 329 PERSONS WERE SERVED BY THIS PROGRAM IN 2016, OF WHICH 94% OF CHILDREN REMAINED IN THEIR HOME OR A RELATIVE PLACEMENT FOR 12 MONTHS AFTER THE INTERVENTION SAMARITAS IS HONORED TO BE PART OF A PILOT STUDY TOWARD PREVENTION AND PRESERVATION ACTIVITIES THAT BUILD UP A FAMILY WITH VERY YOUNG CHILDREN (AGES 0-5) FAMILIES WHO HAVE BEEN IDENTIFIED AS HAVING A HIGH RISK FOR FUTURE INVOLVEMENT BY CHILDREN'S PROTECTIVE SERVICES ARE GUIDED TOWARD MEETING THEIR YOUNG CHILDREN'S NEEDS AND INCREASING SAFETY IN THEIR HOMES WE SERVED 1,519 INDIVIDUALS DURING 2016, AND 75% OF THE CHILDREN WERE NOT REMOVED BY CPS/DHHS DURING THE INTERVENTION SAMARITAS GUIDES FOSTER YOUTH THROUGH COLLEGE WITH FEDERALLY-FUNDED EDUCATIONAL ASSISTANCE GRANTS SAMARITAS EDUCATION AND TRAINING VOUCHER (ETV) GRANTS, WITH THE ASSISTANCE OF CASE MANAGERS, SUPPORT FOSTER YOUTH TOWARD OBTAINING THEIR EDUCATIONAL GOALS MOST YOUTH TRANSITION TO ADULTHOOD GRADUALLY, WITH CONTINUED FINANCIAL AND EMOTIONAL SUPPORT FROM THEIR FAMILIES WELL BEYOND 18 IT'S NOT THAT EASY FOR FOSTER YOUTH, WHO ARE TOO OLD FOR THE CHILD WELFARE SYSTEM BUT NOT YET PREPARED TO LIVE SUCCESSFULLY AS ADULTS EVERY YEAR, APPROXIMATELY 29,500 FOSTER YOUTH NATIONWIDE "AGE OUT" OF THE SYSTEM AND ARE EXPECTED TO MAKE IT ON THEIR OWN IN MICHIGAN, THAT NUMBER IS APPROXIMATELY 500 IN 2016, 496 YOUTH RECEIVED SUPPORT THROUGH THE ETV PROGRAM THROUGH SAMARITAS' ADOPTION PROGRAM LUTHERAN ADOPTION SERVICES (LAS) - WE HELP A CHILD FIND A "LIFE-LONG LOVING FAMILY " EVERY CHILD NEEDS LOVE, SHELTER AND GUIDANCE THESE MOST BASIC OF PROVISIONS ARE MISSING FOR SOME CHILDREN, AND THE OLDER THE CHILD, THE DIRER THE CIRCUMSTANCES, ESPECIALLY WHEN THEY COME FROM AN ABUSIVE OR NEGLECTFUL SITUATION IN 2016, LAS FACILITATED ADOPTIONS FOR 455 YOUTH

Form 990, Part III, Line 4c:

SAMARITAS' NEW AMERICAN SERVICES HELP NEWLY ARRIVED REFUGEES NAVIGATE THEIR CONFUSING AND SOMETIMES SCARY FIRST MONTHS IN THE UNITED STATES AS THE LARGEST REFUGEE RESETTLEMENT AGENCY IN THE STATE AND FOURTH LARGEST IN THE NATION, SAMARITAS HAS RESETTLED THOUSANDS OF PEOPLE FROM DOZENS OF COUNTRIES IN EUROPE, ASIA, AFRICA, THE MIDDLE EAST AND CENTRAL AND SOUTH AMERICA SAMARITAS HAS BEEN THE MICHIGAN AFFILIATE OF LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS) SINCE THE 1950S IN 2002, SAMARITAS BECAME THE MICHIGAN AFFILIATE OF EPISCOPAL MIGRATION MINISTRIES (EMM) AS WELL WITH THE SUPPORT OF THE U S DEPARTMENT OF STATE'S RECEPTION AND PLACEMENT (R&P) PROGRAM, SAMARITAS PROVIDES 1500 NEWLY ARRIVED REFUGEES FROM 15 DIFFERENT COUNTRIES WITH THE ESSENTIAL SERVICES AND SUPPORT THEY NEED TO BEGIN TO REBUILD THEIR LIVES AND TAKE STEPS TOWARD BECOMING U S CITIZENS SAMARITAS PROVIDES EACH REFUGEE WITH THE SUPPORT TO OBTAIN SELF-SUFFICIENCY AND BECOME CONTRIBUTORS TO SOCIETY WITHIN ONE YEAR OF ARRIVAL OUR NEW AMERICAN PROGRAM SERVICES PROVIDE SPONSORSHIP OF REFUGEES AND ASSISTANCE WITH RESETTLEMENT AND JOB PLACEMENT, IN CONJUNCTION WITH LIRS AND EMM RESETTLEMENT SERVICES PROVIDE CORE SERVICES SUCH AS RECEPTION, HOUSING PLACEMENT, CULTURAL ORIENTATION, ENGLISH AS A SECOND LANGUAGE, MEDICAL CASE MANAGEMENT, AND SCHOOL ENROLLMENT SERVICES ARE PROVIDED FOR 90 DAYS AFTER RESETTLEMENT, THE FOCUS IS TO ACHIEVE SELF-SUFFICIENCY AT 180 DAYS WITH EMPLOYMENT SERVICES DESIGNED TO HELP NEWLY ARRIVED REFUGEES FIND THEIR FIRST JOB AND RETAIN IT, THROUGH THE FEDERAL MATCH GRANT PROGRAM OUR CENTER FOR SURVIVORS OF TORTURE PROVIDES COUNSELING, PSYCHOTHERAPY SERVICES AND CASE MANAGEMENT SUPPORT TO REFUGEES, ASYLEES, OR OTHERS ELIGIBLE UNDER THE PRESCRIBED FEDERAL GUIDELINES OUR REPATRIATION PROGRAM ASSISTS US CITIZENS WITH CORE SERVICES SUCH AS RECEPTION, HOUSING PLACEMENT, FINANCIAL ASSISTANCE, FOOD, TRANSPORTATION, REFERRAL TO MEDICAL/ PSYCHIATRIC EVALUATION AND TREATMENT IN 2016, SAMARITAS SETTLED 1,588 REFUGEES AND SERVED A TOTAL OF 4,556 INDIVIDUALS THROUGH OUR NEW AMERICAN SERVICES 92% OF THOSE SERVED THROUGH THE MATCH GRANT PROGRAM BECAME SELF-SUFFICIENT WITHIN 180 DAYS IN ADDITION, 71% OF THOSE REFUGEES THAT WERE EMPLOYED MAINTAINED THEIR EMPLOYMENT FOR AT LEAST 90 DAYS SAMARITAS' COMMUNITY CENTER PROVIDES A SAFE HAVEN FOR CHILDREN IN STRUGGLING URBAN NEIGHBORHOODS THIS CENTER OFFERS EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN AND A HOT DINNER PROGRAM FOR FAMILIES OUR COMMUNITY CENTER IS FILLED WITH THE NOISE AND LAUGHTER OF CHILDREN EVERY DAY SOME ARE PAINTING COLORFUL PICTURES, WHILE OTHERS ARE PLAYING BASKETBALL WITH FRIENDS OR STUDYING FOR A MATH TEST WITH THEIR MENTOR THERE ARE ALWAYS A VARIETY OF EDUCATIONAL AND RECREATIONAL ACTIVITIES TO KEEP CHILDREN BUSY AFTER SCHOOL AND IN THE SUMMER FAMILIES WHO ARE HAVING A DIFFICULT TIME MAKING ENDS MEET ARE WELCOME TO JOIN US EVERY EVENING FOR A NUTRITIOUS HOT DINNER AT THE COMMUNITY CENTER, OLDER TEENS AND ADULTS VOLUNTEER THEIR TIME TO BE FRIENDS AND MENTORS TO THE CHILDREN IN 2016, 20,841 MEALS WERE SERVED AT OUR COMMUNITY CENTER IN ADDITION, 85% OF YOUTH THAT ATTEND THE COMMUNITY CENTER ATTENDED SCHOOL REGULARLY AND 86% HAD PASSING GRADES SAMARITAS HOUSE DETROIT IS A SAFE HAVEN THAT PROVIDES SHELTER, FOOD, A SUPPORTIVE ENVIRONMENT AND DISCIPLINE TO WOMEN LEAVING THE CORRECTION SYSTEM OR WHO ARE HOMELESS WE SERVE WOMEN WHO ARE ON PROBATION FOR A CRIMINAL OFFENSE, SERVING A SENTENCE THROUGH THE CRIMINAL JUSTICE SYSTEM, LEAVING A DRUG REHABILITATION PROGRAM, ESCAPING A HOME BROKEN BY ADDICTION, BATTERED OR IN AN ABUSIVE RELATIONSHIP ALL RESIDENTS RECEIVE COUNSELING AND SUPPORT TO HELP THEM BECOME PRODUCTIVE CITIZENS SAMARITAS HOUSE OF DETROIT, ONE OF THE FEW CENTERS OF ITS KIND IN MICHIGAN, LEADS WOMEN TO A POINT WHERE THEY CAN REJOIN THE MAINSTREAM AS PRODUCTIVE MEMBERS OF THE COMMUNITY SAMARITAS HOUSE DETROIT SERVED 113 WOMEN IN 2016 OF THOSE WOMEN, 86% COMPLETED THE PROGRAM SUCCESSFULLY AND 91% OF THOSE WITH A HISTORY OF SUBSTANCE ABUSE LEFT THE CENTER SUBSTANCE FREE THE SAMARITAS FAMILY CENTER PROVIDES SHELTER SERVICES FOR FAMILIES, THROUGH A PARTNERSHIP OF SAMARITAS AND WAYNE COUNTY WE WELCOME TWO-PARENT FAMILIES, SINGLE MOTHERS OR FATHERS WITH CHILDREN AND PREGNANT WOMEN, WHO ARE HOMELESS IN WAYNE COUNTY THE CENTER CAN SERVE UP TO 108 PERSONS IN 23 ROOMS AT ONE TIME, AND INCLUDES A FULL TIME CHILDCARE CENTER THE TEFAP PROVIDES COMMODITY FOODS TO ELIGIBLE LOW INCOME RESIDENTS IN WESTERN WAYNE COUNTY AND IN THE DOWNRIVER AREAS THE FAMILY CENTER IS FOCUSED ON HELPING FAMILIES ENGAGE IN THE MANY SERVICES OFFERED IN ORDER TO LEAVE THE CENTER WITH A PERMANENT HOUSING OPTION IN 2016, THE FAMILY CENTER PROVIDED 97 FAMILIES (349 INDIVIDUALS) WITH TEMPORARY HOUSING OF THOSE EXITING THE CENTER, 67% MAINTAINED OR INCREASED THEIR INCOME AND 91% EXITED TO PERMANENT HOUSING

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW PEDERSEN CHAIR	1 00	X		X				0	0	0
MICHAEL KNEALE TREASURER	1 00	X		X				0	0	0
MICHELLE GAGGINI SECRETARY	1 00	X		X				0	0	0
RANDY ASMUS DIRECTOR	1 00	X						0	0	0
DAN CARTER DIRECTOR	1 00	X						0	0	0
DALE GERARD DIRECTOR	1 00	X						0	0	0
CAROL GOSS DIRECTOR	1 00	X						0	0	0
MARY ANN JONES DIRECTOR	1 00	X						0	0	0
BISHOP DON KREISS DIRECTOR	1 00	X						0	0	0
DAVE MORIN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD PERKINS DIRECTOR	1 00	X						0	0	0
SARAH PRUES HECKER DIRECTOR	1 00	X						0	0	0
MARK STANKO DIRECTOR	1 00	X						0	0	0
MARION TUROWSKI DIRECTOR	1 00	X						0	0	0
DAVID DION - SAMARITAS FOUNDATION CHAIR	1 00	X		X				0	0	0
LINDA MORIN - SAMARITAS FOUNDATION VICE CHAIR	1 00	X		X				0	0	0
TERRIE HALBERT - SAMARITAS FOUNDATI SECRETARY	1 00	X		X				0	0	0
SAM BEALS - HEARTLINE PRESIDENT	1 00	X		X				0	0	0
VICKIE THOMPSON-SANDY - HEARTLINE SECRETARY	1 00	X		X				0	0	0
JENNY CEDERSTROM - HEARTLINE TREASURER	1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAM BEALS CEO	49 00 1 00			X				336,492	0	29,792
VICKIE THOMPSON-SANDY PRESIDENT	44 00 6 00			X				257,444	0	19,466
JENNY CEDERSTROM CFO	50 00			X				193,254	0	12,941
RICHARD MARTIN CHIEF ADVANCEMENT OFFICER	50 00			X				198,839	0	16,605
SEAN DEFOUR VP CHILD AND FAMILY	45 00 5 00				X			160,854	0	14,043
LEIGH MCLEOD VP SENIOR LIVING	50 00				X			157,376	0	12,426
HARRY VIJAYAKUMAR VP INFORMATION TECHNOLOGY	45 00 5 00					X		166,331	0	14,496
WENDY PERRY EXECUTIVE DIRECTOR FINANCE	45 00 5 00					X		142,609	0	5,421
BRENT HALL DIRECTOR, THERAPY SERVICES	50 00					X		140,119	0	14,030
MARK KINCER DIRECTOR, THERAPY SERVICES	50 00					X		141,960	0	14,434

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL KOHS DIRECTOR, MARKETING	45 00 5 00					X		133,200	0	14,276

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	15,885,427	17,998,769	18,017,850	18,586,346	37,916,980	108,405,372
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	15,885,427	17,998,769	18,017,850	18,586,346	37,916,980	108,405,372
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						108,405,372

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	15,885,427	17,998,769	18,017,850	18,586,346	37,916,980	108,405,372
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	670,710	669,106	1,255,379	1,359,555	975,758	4,930,508
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,937			398	529	5,864
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						113,341,744

12 Gross receipts from related activities, etc (see instructions)	12	369,605,153

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 2016 (line 6, column (f) divided by line 11, column (f))	14	95 640 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	92 320 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 line 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)	1		
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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

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 the 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-
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		8,071
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			8,071
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Part II-B, Line 1	SAMARITAS 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

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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.

OMB No 1545-0047

2016

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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 on 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 on 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 in 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	8,004,004	8,229,862	13,009,820	10,221,380	8,521,762
b Contributions	25,986	120,000	4,000	1,026,588	726,785
c Net investment earnings, gains, and losses	517,756	-146,889	456,135	1,982,215	1,151,733
d Grants or scholarships					
e Other expenditures for facilities and programs			5,081,139	220,363	178,900
f Administrative expenses		198,969	158,954		
g End of year balance	8,547,746	8,004,004	8,229,862	13,009,820	10,221,380

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 ▶ 69 250 %
- c Temporarily restricted endowment ▶ 30 750 %

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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 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		2,147,933		2,147,933
b Buildings		60,369,754	28,181,496	32,188,258
c Leasehold improvements		3,524,402	1,742,821	1,781,581
d Equipment		20,377,608	10,076,750	10,300,858
e Other		8,335,306	5,793,235	2,542,071
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				48,960,701

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 ANNUITY	437,748
(2) FUNDED RESERVES	249,652
(3) FUNDS HELD IN TRUST	3,038,897
(4) LOAN RECEIVABLE FROM AFFILIATE	7,274,500
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	11,000,797

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	
DEFERRED COMPENSATION	241,000
ESTIMATED THIRD PARTY SETTLEMENT	780,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,021,000

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

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

Complete if the organization answered 'Yes' 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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: SAMARITAS

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	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 $251,480 INCLUDE FUNDS HELD IN TRUST FOR RESIDENTS, DEPOSITS AND PERSONAL FUNDS THESE ASSETS ARE RECORDED AT FAIR VALUE AS OF DECEMBER 31, 2016 SAMARITAS ALSO HOLDS $2,787,417 IN TRUST FOR RESIDENTS' ENTRY FEE DEPOS ITS WITH MAPLE CREEK SENIOR LIVING, LLC

Supplemental Information

Return Reference	Explanation
Part V, Line 4	THE ORGANIZATION'S ENDOWMENTS CONSIST OF SEVEN ENDOWMENT FUNDS, AND WILL BE HELD IN PERPETUITY THE INVESTMENT EARNINGS ON 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 CALCULATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," 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

2016

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? . . . . . ☑ 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

(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 DETROIT, MI 48214	38-3330163	501(C)(3)	15,000				ADOPTION ASSISTANCE

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 . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** 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	4776	7,128,762			
(2) OUTREACH SERVICES	27447	3,785,944			
(3) SERVICES FOR PERSONS WITH DISABILITIES	70	2,367			
(4) ASSISTANCE TO LOW INCOME RESIDENTS	1688	12,210			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	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 $10,929,283 IS BROKEN DOWN AS FOLLOWS $7,128,762 - BOARD CARE FOR FOSTER CHILDREN - PAYMENTS MADE TO FOSTER PARENTS BASED ON DAILY RATES SPECIFIED BY THE MICHIGAN DEPARTMENT OF HUMAN RESOURCES (DHS) $3,785,944 - SPECIAL NEEDS FOR REFUGEES ADULTS PROGRAM $2,367 - SPECIAL NEEDS FOR PERSONS WITH DISABILITIES $12,210 - ASSISTANCE TO LOW INCOME RESIDENTS

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" 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 appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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**		No
b	Any related organization?	**5b**		No
	If "Yes," on 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**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
1 SAM BEALSCEO	(i)	247,450	22,482	66,560	24,273	5,519	366,284	0
	(ii)	0	0	0	0	0	0	0
2 VICKIE THOMPSON-SANDY PRESIDENT	(i)	210,000	35,061	12,383	18,214	1,252	276,910	0
	(ii)	0	0	0	0	0	0	0
3 JENNY CEDERSTROMCFO	(i)	180,201	2,929	10,124	0	12,941	206,195	0
	(ii)	0	0	0	0	0	0	0
4 RICHARD MARTIN CHIEF ADVANCEMENT OFFICER	(i)	171,110	26,395	1,334	0	16,605	215,444	0
	(ii)	0	0	0	0	0	0	0
5 SEAN DEFOUR VP CHILD AND FAMILY	(i)	136,153	16,667	8,034	147	13,896	174,897	0
	(ii)	0	0	0	0	0	0	0
6 LEIGH MCLEOD VP SENIOR LIVING	(i)	134,054	15,280	8,042	142	12,284	169,802	0
	(ii)	0	0	0	0	0	0	0
7 HARRY VIJAYAKUMAR VP INFORMATION TECHNOLOGY	(i)	136,406	6,540	23,385	147	14,349	180,827	0
	(ii)	0	0	0	0	0	0	0
8 BRENT HALL DIRECTOR, THERAPY SERVICES	(i)	132,610	0	7,509	142	13,888	154,149	0
	(ii)	0	0	0	0	0	0	0
9 MARK KINCER DIRECTOR, THERAPY SERVICES	(i)	134,531	0	7,429	142	14,292	156,394	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	THE MEMBERSHIP TO A SOCIAL/ATHLETIC CLUB FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF ADVANCEMENT OFFICER ARE PAID BY THE ORGANIZATION THIS MEMBERSHIP IS ISSUED BY THE ORGANIZATION IS FOR FUNDRAISING MEETINGS AND TO RECRUIT DONORS AND IS THEREFORE NOT INCLUDED IN THE EMPLOYEES' TAXABLE INCOME

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: SAMARITAS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 SAM BEALS CEO	(I)	247,450	22,482	66,560	24,273	5,519	366,284	0
	(II)	0	0	0	0	0	0	0
1 VICKIE THOMPSON-SANDY PRESIDENT	(I)	210,000	35,061	12,383	18,214	1,252	276,910	0
	(II)	0	0	0	0	0	0	0
2 JENNY CEDERSTROM CFO	(I)	180,201	2,929	10,124	0	12,941	206,195	0
	(II)	0	0	0	0	0	0	0
3 RICHARD MARTIN CHIEF ADVANCEMENT OFFICER	(I)	171,110	26,395	1,334	0	16,605	215,444	0
	(II)	0	0	0	0	0	0	0
4 SEAN DEFOUR VP CHILD AND FAMILY	(I)	136,153	16,667	8,034	147	13,896	174,897	0
	(II)	0	0	0	0	0	0	0
5 LEIGH MCLEOD VP SENIOR LIVING	(I)	134,054	15,280	8,042	142	12,284	169,802	0
	(II)	0	0	0	0	0	0	0
6 HARRY VIJAYAKUMAR VP INFORMATION TECHNOLOGY	(I)	136,406	6,540	23,385	147	14,349	180,827	0
	(II)	0	0	0	0	0	0	0
7 BRENT HALL DIRECTOR, THERAPY SERVICES	(I)	132,610	0	7,509	142	13,888	154,149	0
	(II)	0	0	0	0	0	0	0
8 MARK KINCER DIRECTOR, THERAPY SERVICES	(I)	134,531	0	7,429	142	14,292	156,394	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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) Pool 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

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		3,100,056		
11	Other spent proceeds	20,775,421	15,540,000		
12	Other unspent proceeds		3,900,259		
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)

		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?				X				
b	Exception to rebate?			X					
c	No rebate due?				X				
	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	1000 0000000000 %		2358 4000000000 %					
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).

Return Reference	Explanation
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

Return Reference	Explanation
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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

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	4	7,885	SALES PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	9	45,794	MARKET QUOTE
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	24	959,708	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 ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation
Part I, Column (b)	NUMBER OF CONTRIBUTIONS
Part I, Line 32b	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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	WE WALK WITH PEOPLE IN NEED, OFFERING HOPE AND COMPASSION WHILE UPHOLDING THEIR DIGNITY, A DVOCATING FOR EQUALITY AND JUSTICE, AND SEEKING CREATIVE SOLUTIONS A SOCIAL MINISTRY OF T HE 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 MISSIO NARY" ARRIVED IN DETROIT TO PROVIDE SERVICES TO THE POOR FROM THE VERY BEGINNING, SAMARIT AS HAS REACHED OUT TO INDIVIDUALS REGARDLESS OF THEIR RELIGION, RACE, SEXUAL ORIENTATION O R ETHNICITY TODAY, MOTIVATED TO SERVE OTHERS AS AN EXPRESSION OF THE LOVE OF CHRIST, SAMA RITAS HELPS THOSE IN NEED REGARDLESS OF RELIGION, RACE, ETHNICITY OR NATIONAL ORIGIN THE ORGANIZATION WAS INCORPORATED AS THE LUTHERAN INNER MISSION LEAGUE IN 1934 TODAY, SAMARIT AS SPANS THE STATE'S LOWER PENINSULA WITH MORE THAN 70 PROGRAM SITES IN 40 CITIES SAMARIT AS DIVERSE STAFF SHARE A DEDICATION TO SERVING THEIR FELLOW HUMANS BY DOING THE RIGHT THIN G, FOR THE RIGHT REASONS, EVERY DAY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	SAMARITAS FOUNDATION AND HEARTLINE, INC ARE REQUIRED TO HAVE ANY DECISIONS MADE BY THEIR BOARD OF DIRECTORS ALSO APPROVED BY THE BOARD OF DIRECTORS OF SAMARITAS, THEIR PARENT ORGA NIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	PRIOR TO SUBMISSION TO THE IRS, THE FORMS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE DIRECTOR OF FINANCE AFTER THE INITIAL REVIEW, THE FORM IS PROVIDED TO THE BOARD OF DI RECTORS FOR THEIR FINAL REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRIT TEN CONFLICT OF INTEREST POLICY BY MONITORING CONTRACTS, INVOICES, AND PERSONNEL, AND BY R EQUESTING INFORMATION AT ALL BOARD MEETINGS IF A CONFLICT OF INTEREST IS FOUND, THE INDIV IDUAL(S) ARE PROHIBITED FROM VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	CEO COMPENSATION THE EXECUTIVE COMMITTEE DETERMINES CEO COMPENSATION USING COMPARATIVE DA TA COMPILED BY INTERNAL AND EXTERNAL HUMAN RESOURCE SOURCES, ALONG WITH SPECIFIC GOAL ACHI EVEMENTS OTHER TOP COMPENSATION AT DIRECTION OF THE HUMAN RESOURCES DEPARTMENT, COMPARAB LE DATA AND BUDGETARY GUIDELINES ARE USED TO DETERMINE COMPENSATION WHILE THE PROCESS FOR DETERMINING COMPENSATION OCCURS ANNUALLY, IT WAS NOT CONTEMPORANEOUSLY SUBSTANTIATED FOR 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME NTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST COPIES CAN BE OBTAINED FROM JENNY CEDARSTROM AT 8131 EAST JEFFERSON AVENUE, DETROIT, MI 48214

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN INTEREST RATE SWAP 153,803 IMPAIRMENT OF INTANGIBLE ASSETS AND OTHER LOSSES -1,069,422 CONVERSION OF DEBT 3,030,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	NO CHANGE FROM PRIOR YEAR REGARDING THE COMMITTEE OVERSIGHT PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART H(A)	AFFILIATED ORGANIZATIONS SAMARITAS FOUNDATION EIN 38-3201490 ADDRESS 8131 E JEFFERSON AVE DETROIT, MICHIGAN 48214 LUTHERAN IN-HOME CARE EIN 45-3164676 ADDRESS 8131 E JEFFER SON AVE DETROIT, MICHIGAN 48214 HEARTLINE, INC EIN 38-2726270 ADDRESS 8131 E JEFFERSO N AVE DETROIT, MICHIGAN 48214 LUTHERAN REHABILITATION SERVICES EIN 46-4907955 ADDRESS 8 131 E JEFFERSON AVE DETROIT, MICHIGAN 48214 CHRISTIAN HOME HEALTH CARE EIN 74-3252227 A DDRESS 8115 E JEFFERSON AVE DETROIT, MICHIGAN 48214

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

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 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529686	DEVELOPMENT	MI	371,250	1,801	SAMARITAS
(2) DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSISTANCE	MI	-39	-638	SAMARITAS
(3) ADRIAN VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 46-0876659	HOUSING ASSISTANCE	MI	-49	-160	SAMARITAS
(4) VILLAGES PINES OF MONROE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 47-3801788	HOUSING ASSISTANCE	MI	-139	607,408	SAMARITAS
(5) LAKEVIEW CADILLAC HOLDING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 27-2825968	HOUSING ASSISTANCE	MI	630,733	4,811,745	SAMARITAS
(6) MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSISTANCE	MI	0	0	SAMARITAS

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 8765 W HIGGINS ROAD CHICAGO, IL 60631 41-1568278	CHURCH	IL	501(c)(3)	Line 1	N/A		No
(2)LUTHERAN HOUSING CORP OF CHEBOYGAN 1035 STANLEY STREET CHEBOYGAN, MI 49721 38-2593772	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(3)LUTHERAN HOUSING CORPORATION OF ALPENA 210 WILSON ST ALPENA, MI 49707 38-2534392	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(4)LUTHERAN HOUSING CORP OF ANN ARBOR 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3112348	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(5)LUTHERAN HOUSING CORPORATION OF MONROE 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3258345	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(6)LUTHERAN NP HOUSING CORP - LANSING 8131 E JEFFERSON AVE DETROIT, MI 48214 30-0141220	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(7)LUTHERAN HOUSING CORPORATION - CALVARY 4950 GATESHEAD STREET DETROIT, MI 48236 20-8466348	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	

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 8131 E JEFFERSON AVE DETROIT, MI 48214 20-2660328	LOW INCOME HOUSING	MI	N/A	RELATED	-39	-638		No		Yes		0 010 %
(2) ADRIAN VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 45-4532834	LOW INCOME HOUSING	MI	N/A	RELATED	-49	-160		No		Yes		0 010 %
(3) VILLAGE PINES OF MONROE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 46-2026125	LOW INCOME HOUSING	MI	N/A	RELATED	-139	607,408		No		Yes		0 010 %

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: SAMARITAS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529686	DEVELOPMENT	MI	371,250	1,801	SAMARITAS
(1) DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSISTANCE	MI	-39	-638	SAMARITAS
(2) ADRIAN VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 46-0876659	HOUSING ASSISTANCE	MI	-49	-160	SAMARITAS
(3) VILLAGES PINES OF MONROE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 47-3801788	HOUSING ASSISTANCE	MI	-139	607,408	SAMARITAS
(4) LAKEVIEW CADILLAC HOLDING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 27-2825968	HOUSING ASSISTANCE	MI	630,733	4,811,745	SAMARITAS
(5) MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSISTANCE	MI	0	0	SAMARITAS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 8765 W HIGGINS ROAD CHICAGO, IL 60631 41-1568278	CHURCH	IL	501(c)(3)	Line 1	N/A		No
(1) 1035 STANLEY STREET CHEBOYGAN, MI 49721 38-2593772	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(2) 210 WILSON ST ALPENA, MI 49707 38-2534392	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(3) 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3112348	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(4) 8131 E JEFFERSON AVE DETROIT, MI 48214 38-3258345	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(5) 8131 E JEFFERSON AVE DETROIT, MI 48214 30-0141220	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	
(6) 4950 GATESHEAD STREET DETROIT, MI 48236 20-8466348	LOW INCOME HOUSING	MI	501(c)(3)	Line 10	SAMARITAS	Yes	