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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

IMMANUEL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1044 N 115TH ST NO 500

City or town, state or province, country, and ZIP or foreign postal code

OMAHA, NE 68154

F Name and address of principal officer

SCOTT BEAR

1044 N 115TH ST NO 500

OMAHA, NE 68154

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 ▶

D Employer identification number

47-0733774

E Telephone number

(402) 829-2900

G Gross receipts \$ 561,231,549

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IMMANUEL COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities

IMMANUEL IS ORGANIZED TO SUPPORT THE MISSIONS OF IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, IMMANUEL COMMUNITY VISION FOUNDATION, IMMANUEL LONG TERM CARE, AND IRC II, INC BY MAKING CHARITABLE CONTRIBUTIONS, INVESTING FUNDS, DEVELOPING SENIOR PROGRAMS, DEVELOPING FUNDING OPPORTUNITIES AND INVESTING IN AFFORDABLE PROJECTS FOR SENIORS

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

SCOTT BEAR CHIEF FINANCIAL OFFICER

Type or print name and title

2018-04-24

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

WENDY R COOLEY

WENDY R COOLEY

Firm's name ▶ SEIM JOHNSON LLP

Firm's EIN ▶ 47-6097913

Firm's address ▶ 18081 BURT STREET SUITE 200

Phone no (402) 330-2660

OMAHA, NE 680224722

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

RECOGNIZING THAT ALL WE HAVE COMES FROM GOD, WE HAVE BEEN CALLED TO BE FAITHFUL AND COURAGEOUS STEWARDS OF GOD'S RESOURCES. FOLLOWING CHRIST'S CALL TO SERVE, WE WILL MEET THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF SENIORS, RESPOND TO NEEDS IN COMMUNITY HEALTH, AND SUPPORT THE MINISTRY OF THE CHURCH

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 \$ 1,759,066 including grants of \$ 219,271) (Revenue \$ 199,649)
	See Additional Data

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 1,759,066
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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)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	No
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	170	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	1,302	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 15		
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	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		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	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:►	
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. ►KELLE SCOTT CONTROLLER 1044 N 115TH ST STE 500 OMAHA, NE 68154 (402) 829-2933	

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,882,268	0	371,996

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 ► 23

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
MARINER WEALTH ADVISORS 16924 FRANCES ST STE 200 OMAHA, NE 68130	INVESTMENT MANAGEMENT	1,233,435
RBC WEALTH MANAGEMENT 12910 PIERCE STREET OMAHA, NE 68124	INVESTMENT MANAGEMENT	1,089,424
BAILEY LAUERMAN 1299 FARNAM STREET 1400 OMAHA, NE 68102	ADVERTISING	577,122
OMAHA ELECTRIC SERVICE INC 8506 MADISON STREET OMAHA, NE 68127	ELECTRICAL SERVICES	575,987
CONSOLIDATED SUPPLY CO INC 10325 J STREET OMAHA, NE 68127	CONSTRUCTION	455,205

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 ► 26

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	21,555
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f		21,555

Program Service Revenue

2a IMMANUEL ELDERLY HOUSI	Business Code				
	623000	198,280	198,280		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue		1,369	1,369		
g Total. Add lines 2a-2f		199,649			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		10,258,271			10,258,271
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	869,757				
b Less rental expenses	1,727,309				
c Rental income or (loss)	-857,552				
d Net rental income or (loss)		-857,552			-857,552
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	547,994,817	1,887,500			
b Less cost or other basis and sales expenses	544,730,935	1,181,485			
c Gain or (loss)	3,263,882	706,015			
d Net gain or (loss)		3,969,897			3,969,897
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					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		13,591,820	199,649	0	13,370,616

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	219,271	219,271		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	506,787		506,787	
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.	748,116		748,116	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	506,321		506,321	
11 Fees for services (non-employees):				
a Management.				
b Legal.	82,830		82,830	
c Accounting.	126,069		126,069	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	2,471,759		2,471,759	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,223,740	125,532	1,098,208	
12 Advertising and promotion.	576,394	505,305	71,089	
13 Office expenses.	343,101	35,570	307,531	
14 Information technology.	777,934	502,917	275,017	
15 Royalties.				
16 Occupancy.	75,453		75,453	
17 Travel.	176,332	90,462	85,870	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	133,318		133,318	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	745,681		745,681	
23 Insurance.	63,675		63,675	
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 FEDERAL EXCISE TAX	3,603	3,603		
b IMMANUEL ELDERLY HOUSIN	256,259	256,259		
c MEMBERSHIP & DUES	97,952	6,891	91,061	
d MISCELLAENOUS	17,127		17,127	
e All other expenses	25,972	13,256	12,716	
25 Total functional expenses. Add lines 1 through 24e.	9,177,694	1,759,066	7,418,628	0
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 SheetCheck 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		100	1	100
	2	Savings and temporary cash investments		30,311,385	2	15,925,659
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		104,843	4	87,155
	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			8	
	9	Prepaid expenses and deferred charges		269,465	9	352,399
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	28,918,504		
	b	Less: accumulated depreciation	10b	4,864,611		
				21,136,949	10c	24,053,893
	11	Investments—publicly traded securities		348,662,572	11	390,827,563
	12	Investments—other securities. See Part IV, line 11		88,129,179	12	104,720,558
	13	Investments—program-related. See Part IV, line 11		15,150,683	13	7,606,949
	14	Intangible assets		24,818	14	24,818
15	Other assets. See Part IV, line 11		49,466,016	15	6,011,997	
16	Total assets. Add lines 1 through 15 (must equal line 34)		553,256,010	16	549,611,091	
Liabilities	17	Accounts payable and accrued expenses		3,344,429	17	4,396,538
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		54,510,358	21	58,223,493
	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		0	23	8,614,345
	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.		1,498,334	25	3,188,591
26	Total liabilities. Add lines 17 through 25		59,353,121	26	74,422,967	
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		493,902,889	27	475,188,124
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	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		493,902,889	33	475,188,124	
34	Total liabilities and net assets/fund balances		553,256,010	34	549,611,091	

Part XI Reconciliation of Net AssetsCheck 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	13,591,820
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,177,694
3	Revenue less expenses Subtract line 2 from line 1	3	4,414,126
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	493,902,889
5	Net unrealized gains (losses) on investments	5	37,950,593
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	-61,079,484
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	475,188,124

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

Form 990 (2016)

Form 990, Part III, Line 4a:

IMMANUEL SUPPORTS THE MISSIONS OF IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, IMMANUEL LONG TERM CARE, AND IRC II, INC , OF WHICH IT IS THE SOLE MEMBER THE ORGANIZATION MAKES CHARITABLE CONTRIBUTIONS, INVESTS FUNDS, DEVELOPS SENIOR PROGRAMS, DEVELOPS FUNDING OPPORTUNITIES AND INVESTS IN AFFORDABLE PROJECTS FOR SENIORS IN ADDITION, IMMANUEL PROVIDES MANAGEMENT SERVICES, INCLUDING EXECUTIVE, ACCOUNTING, INFORMATION TECHNOLOGY, COMPLIANCE AND HUMAN RESOURCES TO ALL OF THE SUPPORTED ORGANIZATIONS IMMANUEL IS ALSO THE MANAGING AGENT OF EIGHT HOUSING AND URBAN DEVELOPMENT (HUD) FUNDED PROJECTS LOCATED IN OMAHA, NEBRASKA

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID JACOX CHAIR	1 00 2 40	X		X				0	0	0
BRUCE PLATH VICE CHAIR	1 00 2 10	X		X				0	0	0
MIKE WILLIAMS SECRETARY/TREASURER	1 00 2 10	X		X				0	0	0
REV CARMALA ADERMAN MEMBER	1 00 2 10	X						0	0	0
REV DR DENNIS ANDERSON MEMBER	1 00 2 40	X						0	0	0
REV DR DAVID DEFREESE MEMBER	1 00 2 10	X						0	0	0
SUZANNE HRUZA MD MEMBER	1 00 2 10	X						0	0	0
BISHOP BRIAN MAAS MEMBER	1 00 2 10	X						0	0	0
DELIGHT WREED BYRD MEMBER	1 00 2 40	X						0	0	0
ROBERT LANIK MEMBER	1 00 2 10	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			
DAVID MUSSMAN MEMBER	1 00 2 10	X						0	0	0
JEFFREY AKERSON MD MEMBER	1 00 2 10	X						0	0	0
KRISTEN HOFFMAN MD MEMBER	1 00 2 10	X						0	0	0
JANE TONNIGES MEMBER	1 00 2 40	X						0	0	0
MARK WATERSTRAAT MEMBER THRU 12/16	1 00 2 10	X						0	0	0
ROBERT JOHNSON MEMBER THRU 02/17	1 00 2 10	X						0	0	0
ERIC N GURLEY PRESIDENT & CEO	21 00 27 00	X		X				393,272	0	195,449
MARK SCHULTZ EXECUTIVE VP & CFO	20 00 28 00			X				220,317	0	29,628
TAMMY SEALER SENIOR VICE PRESIDENT/CAO	23 00 25 00			X				221,463	0	26,566
JULIE KAMINSKI SENIOR VP/COO	10 50 37 50			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			
VERNA MEACHUM SENIOR VP/COO THRU 09/16	10 00 38 00			X				245,235	0	8,360
ROXANN ROGERS MEYER VP OF MARKETING & COMMUNICATIONS	20 00 28 00					X		177,324	0	17,528
JILL NYQUIST VP OF IMMANUEL PATHWAYS	3 00 45 00					X		163,129	0	17,602
SCOTT BEAR VP OF FINANCE	8 00 41 00					X		160,472	0	33,672
RHONDA SUE DISTEFANO VP OF CONSTRUCTION, FACILITIES MGMT	12 00 36 00					X		155,024	0	13,585
TOM GARVEY VP OF INFORMATION TECHNOLOGY	12 00 36 00					X		146,032	0	29,606

SCHEDULE A (Form 990 or 990-EZ)	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
Department of the Treasury Internal Revenue Service Name of the organization IMMANUEL	Employer identification number 47-0733774	

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

4
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	4				62,240,978	0

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
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 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 grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)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? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>	Yes	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		No
11b		No
11c		No

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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
1	Yes	

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).			
2 Activities Test Answer (a) and (b) below.		Yes	No
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? <i>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.</i>			
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? <i>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.</i>			
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? <i>Provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 11G	IMMANUEL PROVIDES MANAGEMENT SERVICES, INCLUDING EXECUTIVE, ACCOUNTING, INFORMATION TECHNOLOGY, COMPLIANCE AND HUMAN RESOURCES TO ITS SUPPORTED ORGANIZATIONS IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES AND SUBSIDIARIES, IMMANUEL LONG TERM CARE, AND IRC II, INC

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	IMMANUEL LONG TERM CARE WAS FORMED IN 2013 AND IRC II, INC WAS FORMED IN 2016 THESE ORGA NIZATIONS ARE NOT CURRENTLY LISTED SEPARATELY BY NAME IN THE ORGANIZATION'S GOVERNING DOCU MENTS THE ARTICLES OF INCORPORATION, WHICH WERE LAST RESTATED IN 2012, LIST TWO SUPPORTED ORGANIZATIONS BY NAME AND ALSO PROVIDE THAT IMMANUEL WILL SUPPORT "OTHER ORGANIZATIONS OF WHICH THE CORPORATION IS THE SOLE MEMBER, SO LONG AS SUCH ENTITIES ARE EXEMPT FROM FEDERA L INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED" THE A RTICLES EXPLAIN THAT SUCH OTHER ORGANIZATIONS MUST BE EXEMPT UNDER 501(A) "BY VIRTUE OF BE ING ORGANIZATIONS DESCRIBED IN 501(C)(3) OF THE CODE AND ARE NOT PRIVATE FOUNDATIONS BY VI RTUE OF HAVING QUALIFIED UNDER SECTION 509(A)(1) OR 509(A)(2) OF THE CODE" IMMANUEL IS TH E SOLE MEMBER OF IMMANUEL LONG TERM CARE, EIN 46-2582783 AND IRC II, INC , EIN 81-2697102 IMMANUEL LONG TERM CARE AND IRC II, INC ARE 501(C)(3) ORGANIZATIONS WHICH HAVE QUALIFIED FOR PUBLIC CHARITY STATUS UNDER 509(A)(2) CONSISTENT WITH BOARD ACTIONS AND INTENT, IMMA NUEL LONG TERM CARE AND IRC II, INC ARE SUPPORTED ORGANIZATIONS OF IMMANUEL

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 6	IMMANUEL SUPPORTS THE MISSIONS OF IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, IMMANUEL LONG TERM CARE, AND IRC II, INC , OF WHICH IT IS THE SOLE MEMBER THE ORGANIZATION MAKES CHARITABLE CONTRIBUTIONS, INVESTS FUNDS, DEVELOPS SENIOR PROGRAMS, DEVELOPS FUNDING OPPORTUNITIES AND INVESTS IN AFFORDABLE PROJECTS FOR SENIORS THE SUPPORT PROVIDED TO THE VARIOUS ORGANIZATIONS LISTED ON SCHEDULE I FURTHERS THE EXEMPT PURPOSE AND MISSION OF IMMANUEL BY RESPONDING TO NEEDS IN COMMUNITY HEALTH AND SUPPORTING THE MINISTRY OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

Schedule A Form 990 or 990-EZ 2016

Additional Data

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) IMMANUEL RETIREMENT COMMUNITIES	470799118	10	Yes		40,000,460	0
(A) IMMANUEL RETIREMENT COMMUNITIES	470799118	10	Yes		40,000,460	0
(A) IMMANUEL HOME AND COMMUNITY RESOURCES	272628802	10	Yes		8,485,560	0
(A) IMMANUEL HOME AND COMMUNITY RESOURCES	272628802	10	Yes		8,485,560	0
(B) IMMANUEL LONG TERM CARE	462582783	10		No	1,015,599	0
(B) IMMANUEL LONG TERM CARE	462582783	10		No	1,015,599	0
(C) IRC II INC	812697102	10		No	12,739,359	0
(C) IRC II INC	812697102	10		No	12,739,359	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493117002228	
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 IMMANUEL				Employer identification number 47-0733774	
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					
a		Total number of conservation easements		Held at the End of the Year	
b		Total acreage restricted by conservation easements		2a	
c		Number of conservation easements on a certified historic structure included in (a)		2b	
d		Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		2c	
				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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

c

Temporarily restricted endowment

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		3,990,525		3,990,525
b Buildings		16,507,167	2,248,510	14,258,657
c Leasehold improvements		47,743		47,743
d Equipment		5,587,488	2,484,922	3,102,566
e Other		2,785,581	131,179	2,654,402
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				24,053,893

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) ACCRUED INTEREST RECEIVABLE	1,436,294	F
(B) PALMER SQUARE MULTI STRATEGY FUND LP	22,362,285	F
(C) PARTNERS GROUP PRIVATE EQUITY (INST TEI) LLC	26,877,506	F
(D) BLACKSTONE STRATEGIC CAPITAL HOLDINGS LP	2,791,831	F
(E) HEITMAN AMERICA REAL ESTATE LP	40,009,704	F
(F) PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII (OFFSHORE) L P	5,087,665	F
(G) STRATEGIC PARTNERS OFFSHORE REAL ESTATE	1,423,350	F
(H) PORTFOLIO ADVISORS FUND VIII	4,731,923	F
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	104,720,558	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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		
AFFILIATE PAYABLE	424,317	
DEFERRED COMPENSATION	677,973	
LT NOTES PAYABLE - RELATED ENTITIES	1,840,037	
SWAP AGREEMENTS	246,264	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,188,591	

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: 47-0733774
Name: IMMANUEL

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) ACCRUED INTEREST RECEIVABLE	1,436,294	F
(3) Other (A) PALMER SQUARE MULTI STRATEGY FUND LP	22,362,285	F
(B) PARTNERS GROUP PRIVATE EQUITY (INST TEI) LLC	26,877,506	F
(C) BLACKSTONE STRATEGIC CAPITAL HOLDINGS LP	2,791,831	F
(D) HEITMAN AMERICA REAL ESTATE LP	40,009,704	F
(E) PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII (OFFSHORE) L P	5,087,665	F
(F) STRATEGIC PARTNERS OFFSHORE REAL ESTATE	1,423,350	F
(G) PORTFOLIO ADVISORS FUND VIII	4,731,923	F

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	IMMANUEL HOLDS FUNDS FOR IMMANUEL RETIREMENT COMMUNITIES, INC , AND IRC II, INC , RELATED ENTITIES, TO FACILITATE EFFICIENT MANAGEMENT OF ALL INVESTMENTS THE FUNDS ARE POOLED WITH INVESTMENT ASSETS OF IMMANUEL FOR MANAGEMENT PURPOSES ONLY THESE FUNDS ARE RECORDED AS A N ASSET AND A LIABILITY ON IMMANUEL'S BOOKS BOTH ORGANIZATIONS ACKNOWLEDGE THAT THE ASSETS ARE THE PROPERTY OF IMMANUEL RETIREMENT COMMUNITIES, INC AND IRC II, INC , RESPECTIVELY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ALL AFFILIATED ENTITIES ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND HAVE RECEIVED DETERMINATION LETTERS THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE, EXCEPT FOR IMMANUEL CORE FUND, LLC, WHICH IS A DISREGARDED ENTITY FOR TAX PURPOSES. THE INTERNAL REVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN IMMANUEL'S TAX EXEMPT STATUS. IMMANUEL ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC 740, INCOME TAXES. IMMANUEL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. AT JUNE 30, 2017, IMMANUEL HAD NO UNCERTAIN TAX POSITIONS ACCRUED.

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2016 Open to Public Inspection
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Name of the organization IMMANUEL	Employer identification number 47-0733774
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		12,129,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			12,129,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			12,129,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE F, PART IV, LINE 4	THE ORGANIZATION INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN PASSIVE FOREIGN INVESTMENT COMPANIES (PFICS) THE INVESTMENT PARTNERSHIPS HAVE PROPERLY FILED FORM 8621, OR THE UNDERLYING INVESTMENTS DID NOT GENERATE ANY UNRELATED BUSINESS INCOME UNDER THESE FACTS, IT IS NOT NECESSARY FOR THE ORGANIZATION TO FILE AN ADDITIONAL FORM 8621

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As Filed Data -

DLN: 93493117002228

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
IMMANUEL

Employer identification number
47-0733774

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
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							9
3 Enter total number of other organizations listed in the line 1 table							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)					
(2)					
(3)					
(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	ALL GRANTS ARE MADE TO LOCAL 501(C)(3) ORGANIZATIONS IMMANUEL IS ABLE TO MONITOR THE USE OF THE GRANT FUNDS BY MAINTAINING CONTACT WITH THE DONEES

Additional Data

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OMAHA AGAINST HUNGER PO BOX 451031 OMAHA, NE 68145	47-3965148	501(C)(3)	12,025				LAKESIDE PACKING EVENT
TABITHA 4720 RANDOLPH STREET LINCOLN, NE 68510	47-0377998	501(C)(3)	6,500				2016 SIGNATURE EVENT SPONSORSHIP & 2017 INTO THE BLUE SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEBRASKA LUTHERAN OUTDOOR MINISTRIES 27416 RANCH ROAD ASHLAND, NE 68003	47-0488319	501(C)(3)	5,976				HEART OF THE CAMP SPONSORSHIP & NLOM MEDICAL SUPPLY SUMMER CAMP
BOY SCOUTS OF AMERICA 12401 WEST MAPLE ROAD OMAHA, NE 68164	47-0376545	501(C)(3)	5,000				2016 SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LUTHERAN SERVICES IN AMERICA 100 MARYLAND AVENUE NE SUITE 500 WASHINGTON, DC 20002	36-3304707	501(C)(3)	5,000				2017 CEO ACADEMY
OMAHA SYMPHONY 1905 HARNEY STREET SUITE 400 OMAHA, NE 68102	47-6039304	501(C)(3)	5,000				2017 GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHI HEALTH 12809 WEST DODGE ROAD OMAHA, NE 68154	47-0757164	501(C)(3)	98,763				TANZANIA MINISTRY
NEBRASKA SYNOD ELCA 6757 NEWPORT AVE STE 200 OMAHA, NE 68152	36-3514308	501(C)(3)	36,000				MISSION FIELD NEBRASKA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LUTHERAN PLANNED GIVING SERVICES 1044 NORTH 115TH STREET SUITE 200 OMAHA, NE 68154	36-3514308	501(C)(3)	17,875				PROGRAM SUPPORT

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 IMMANUEL	Employer identification number 47-0733774
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes 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	
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	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIC N GURLEY PRESIDENT & CEO	(i)	330,362 ----- 0	54,395 ----- 0	8,515 ----- 0	164,275 ----- 0	31,174 ----- 0	588,721 ----- 0	0 ----- 0
	(ii)							
2 MARK SCHULTZ EXECUTIVE VP & CFO	(i)	200,518 ----- 0	14,669 ----- 0	5,130 ----- 0	3,807 ----- 0	25,821 ----- 0	249,945 ----- 0	0 ----- 0
	(ii)							
3 TAMMY SEALER SENIOR VICE PRESIDENT/CAO	(i)	175,502 ----- 0	41,402 ----- 0	4,559 ----- 0	6,499 ----- 0	20,067 ----- 0	248,029 ----- 0	0 ----- 0
	(ii)							
4 VERNA MEACHUM SENIOR VP/COO THRU 09/16	(i)	224,958 ----- 0	16,380 ----- 0	3,897 ----- 0	0 ----- 0	8,360 ----- 0	253,595 ----- 0	0 ----- 0
	(ii)							
5 ROXANN ROGERS MEYER VP OF MARKETING & COMMUNICATIONS	(i)	156,164 ----- 0	20,121 ----- 0	1,039 ----- 0	4,435 ----- 0	13,093 ----- 0	194,852 ----- 0	0 ----- 0
	(ii)							
6 JILL NYQUIST VP OF IMMANUEL PATHWAYS	(i)	133,149 ----- 0	29,544 ----- 0	436 ----- 0	4,912 ----- 0	12,690 ----- 0	180,731 ----- 0	0 ----- 0
	(ii)							
7 SCOTT BEAR VP OF FINANCE	(i)	113,460 ----- 0	46,931 ----- 0	81 ----- 0	4,117 ----- 0	29,555 ----- 0	194,144 ----- 0	0 ----- 0
	(ii)							
8 RHONDA SUE DISTEFANO VP OF CONSTRUCTION, FACILITIES MGMT	(i)	129,167 ----- 0	25,442 ----- 0	415 ----- 0	3,656 ----- 0	9,929 ----- 0	168,609 ----- 0	0 ----- 0
	(ii)							
9 TOM GARVEY VP OF INFORMATION TECHNOLOGY	(i)	119,976 ----- 0	25,409 ----- 0	647 ----- 0	4,707 ----- 0	24,899 ----- 0	175,638 ----- 0	0 ----- 0
	(ii)							

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 4B	ERIC N. GURLEY, PRESIDENT AND CEO, IS A PARTICIPANT IN AN ENDORSEMENT SPLIT-DOLLAR LIFE INSURANCE PLAN AND A DEFERRED COMPENSATION PLAN WHICH IS INTENDED TO MEET THE REQUIREMENTS OF SECTIONS 409A AND 457(F). BOTH PLANS ARE SPONSORED BY IMMANUEL, MR. GURLEY'S EMPLOYER. AS OF DECEMBER 31, 2016, MR. GURLEY'S DEFERRED COMPENSATION ACCOUNT WAS CREDITED WITH \$152,350. PREMIUMS OF \$157,474 WERE PAID FOR THE ENDORSEMENT SPLIT-DOLLAR LIFE INSURANCE PLAN POLICY. UNDER THE PLAN, IMMANUEL ENDORSES TO MR. GURLEY THE RIGHT TO DESIGNATE A BENEFICIARY FOR THE PORTION OF THE DEATH BENEFIT IN EXCESS OF THE GREATER OF THE CASH SURRENDER VALUE OR PREMIUMS PAID. THE VALUE OF THAT RIGHT, WHICH WAS INCLUDED IN MR. GURLEY'S REPORTABLE COMPENSATION, WAS \$3,416. AS OF JUNE 30, 2017, THE DEATH BENEFIT IN EXCESS OF PREMIUMS PAID WAS \$3,175,098.
PART I, LINE 6	THE ORGANIZATION DOES NOT PAY OR ACCRUE ANY COMPENSATION BASED ON THE REVENUES OR THE NET EARNINGS OF THE ORGANIZATION OR ANY RELATED ORGANIZATION. HOWEVER, A SMALL PERCENTAGE (LESS THAN 10%) OF THE BONUSES PAID TO ERIC GURLEY, MARK SCHULTZ, TAMMY SEALER, VERNA MEACHUM, ROXANN ROGERS MEYER, SCOTT BEAR, RHONDA SUE DISTEFANO AND TOM GARVEY IS BASED ON AN OPERATING MARGIN CALCULATION OF IMMANUEL AND RELATED TAX-EXEMPT ORGANIZATIONS. A SMALL PERCENTAGE (LESS THAN 10%) OF THE BONUS PAID TO JILL NYQUIST IS BASED ON AN OPERATING MARGIN CALCULATION OF IMMANUEL HOME AND COMMUNITY RESOURCES, A RELATED TAX-EXEMPT ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

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			(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				
1ERIC N GURLEY PRESIDENT & CEO	(i)	330,362	54,395	8,515	164,275	31,174	588,721	0
	(ii)	0	0	0	0	0	0	0
1MARK SCHULTZ EXECUTIVE VP & CFO	(i)	200,518	14,669	5,130	3,807	25,821	249,945	0
	(ii)	0	0	0	0	0	0	0
2TAMMY SEALER SENIOR VICE PRESIDENT/CAO	(i)	175,502	41,402	4,559	6,499	20,067	248,029	0
	(ii)	0	0	0	0	0	0	0
3VERNA MEACHUM SENIOR VP/COO THRU 09/16	(i)	224,958	16,380	3,897	0	8,360	253,595	0
	(ii)	0	0	0	0	0	0	0
4ROXANN ROGERS MEYER VP OF MARKETING & COMMUNICATIONS	(i)	156,164	20,121	1,039	4,435	13,093	194,852	0
	(ii)	0	0	0	0	0	0	0
5JILL NYQUIST VP OF IMMANUEL PATHWAYS	(i)	133,149	29,544	436	4,912	12,690	180,731	0
	(ii)	0	0	0	0	0	0	0
6SCOTT BEARVP OF FINANCE	(i)	113,460	46,931	81	4,117	29,555	194,144	0
	(ii)	0	0	0	0	0	0	0
7RHONDA SUE DISTEFANO VP OF CONSTRUCTION, FACILITIES MGMT	(i)	129,167	25,442	415	3,656	9,929	168,609	0
	(ii)	0	0	0	0	0	0	0
8TOM GARVEY VP OF INFORMATION TECHNOLOGY	(i)	119,976	25,409	647	4,707	24,899	175,638	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
IMMANUEL

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

Employer identification number

47-0733774

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B	THE AMOUNTS PAID TO INDEPENDENT CONTRACTORS BY IMMANUEL AND RELATED ORGANIZATIONS ARE REPORTED BY IMMANUEL IN PART VII, SECTION B, BUT ARE ALLOCATED TO EACH RESPECTIVE ORGANIZATION FOR PURPOSES OF REPORTING ON PART IX, LINE 11 THE ALLOCATION IS BASED ON THE AMOUNT OF SERVICES PROVIDED TO EACH ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	IMMANUEL IS THE SOLE MEMBER OF IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, IMMANUEL LONG TERM CARE, IMMANUEL COMMUNITY VISION FOUNDATION, AND IRC II, INC. IMMANUEL ISSUES THE FORM W-2 FOR ALL THE EMPLOYEES, INCLUDING THE OFFICERS, OF EACH OF THESE ORGANIZATIONS. BECAUSE IMMANUEL IS REIMBURSED FOR THE SALARIES AND BENEFITS OF THESE EMPLOYEES AND OFFICERS BY EACH OF THE ORGANIZATIONS, THE EXPENSES FOR THE REIMBURSED SALARIES AND BENEFITS ARE REFLECTED ON EACH OF THE ORGANIZATIONS' FORM 990 IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINES 5-7, AND NOT ON IMMANUEL'S FORM 990, PART IX, LINES 5-7.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ON SEPTEMBER 10TH, 2016 IMMANUEL AMENDED ITS BYLAWS TO MAKE THE FOLLOWING SIGNIFICANT CHANGES 1) DESIGNATED THAT THE OFFICERS OF THE CORPORATION WILL BE A CHAIRPERSON, A VICE-CHAIRPERSON, A PRESIDENT AND CHIEF EXECUTIVE OFFICER, ONE OR MORE VICE-PRESIDENTS, A SECRETARY AND A TREASURER PREVIOUSLY, THE SECRETARY/TREASURER WAS ONE OFFICER OF THE BOARD OF DIRECTORS THE CHAIRPERSON, VICE-CHAIRPERSON AND SECRETARY (THE "ELECTED OFFICERS") SHALL BE ELECTED AMONG THE BOARD OF DIRECTORS THE CHIEF FINANCIAL OFFICER OF THE CORPORATION SHALL SERVE AS THE TREASURER 2) DESIGNATED THAT ONE OF THE DIRECTORS OF THE CORPORATION WILL BE THE PERSON THEN SERVING AS CHAIR OF THE BOARDS OF DIRECTORS OF IMMANUEL AFFORDABLE, INC , IMMANUEL AFFORDABLE II, INC , AND IMMANUEL TRINITY AFFORDABLE, INC ,SERVING EX OFFICIO WITH VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SYNOD COUNCIL OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA) ELECTS ONE-THIRD OF THE DIRECTORS OF IMMANUEL AND MUST CONFIRM THE OTHER TWO-THIRDS OF ELECTED DIRECTORS BEFORE THEY TAKE OFFICE. ADDITIONALLY, THE BISHOP OF THE NEBRASKA SYNOD OF THE ELCA AND THE PRESIDENT/CEO OF IMMANUEL ARE BOTH VOTING EX OFFICIO MEMBERS OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SYNOD COUNCIL OF THE NEBRASKA SYNOD OF THE EVANGELICAL CHURCH IN AMERICA MUST APPROVE ANY AMENDMENT TO THE ARTICLES OR BYLAWS OF IMMANUEL THEREFORE, ANY CHANGES TO THE GOVERNING DOCUMENTS THAT IMPACT THE GOVERNANCE OF THE ORGANIZATION MUST BE APPROVED BY THE SYNOD COUNCIL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM WITH THE ASSISTANCE OF THE CONTROLLER, AND IS THEN REVIEWED BY THE CFO AND THE CONTROLLER. COPIES OF THE REVIEWED RETURN ARE PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY STATES THAT THE MEMBERS OF THE BOARD OF DIRECTORS MUST SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ALL CONFLICTS THE GOVERNANCE COMMITTEE SHALL DECIDE WHAT ACTIONS NEED TO BE TAKEN CONCERNING ANY CONFLICTS A BOARD MEMBER IS PROHIBITED FROM VOTING ON ANY BUSINESS RELATED TO ANY CONFLICT THE GOVERNANCE COMMITTEE HAS IDENTIFIED WITH RESPECT TO THAT BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IMMANUEL ANALYZES MARKET-BASED COMPENSATION STUDIES, REVIEWS JOB DESCRIPTIONS AND INTERVIEWS OUTSIDE HUMAN RESOURCE CONSULTANTS. COMPENSATION FOR THE CEO IS APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION OF TOP MANAGEMENT PERSONNEL IS APPROVED BY THE CEO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	IMMANUEL DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING SERVICES PROGRAM SERVICE EXPENSES 26,357 MANAGEMENT AND GENERAL EXPENSES 526, 628 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 552,985 OTHER FEES FOR SERVICE PROGRAM SERVI CE EXPENSES 48,751 MANAGEMENT AND GENERAL EXPENSES 424,680 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 473,431 HIRING COSTS PROGRAM SERVICE EXPENSES 50,424 MANAGEMENT AND GENERAL E XPENSES 146,900 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 197,324

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 25	IMMANUEL IS THE SOLE CORPORATE MEMBER OF IMMANUEL RETIREMENT COMMUNITIES (IRC), IMMANUEL HOME AND COMMUNITY RESOURCES (IHCR) AND SUBSIDIARIES, IMMANUEL LONG TERM CARE (ILTC), IMMANUEL COMMUNITY VISION FOUNDATION (ICVF), AND IRC II, INC , ALL NOT-FOR-PROFIT ORGANIZATIONS IMMANUEL PROVIDES MANAGEMENT SERVICES, INCLUDING EXECUTIVE, ACCOUNTING, INFORMATION TECHNOLOGY, COMPLIANCE AND HUMAN RESOURCES, TO ALL OF THESE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2017, THE FOLLOWING ORGANIZATIONS REPORTED FUNCTIONAL EXPENSES AS FOLLOWS IMMANUEL RETIREMENT COMMUNITIES - PROGRAM SERVICE \$26,576,162 - MANAGEMENT & GENERAL \$5,912,061 IMMANUEL HOME & COMMUNITY RESOURCES - PROGRAM SERVICE \$3,346,623 - MANAGEMENT & GENERAL \$476,086 PACE IOWA (SUBSIDIARY) - PROGRAM SERVICE \$17,485,897 - MANAGEMENT & GENERAL \$2,308,456 PACE NEBRASKA (SUBSIDIARY) - PROGRAM SERVICE \$13,450,196 - MANAGEMENT & GENERAL \$1,303,972 IMMANUEL LONG TERM CARE - PROGRAM SERVICE \$17,301,663 - MANAGEMENT & GENERAL \$3,875,257 IMMANUEL COMMUNITY VISION FOUNDATION - PROGRAM SERVICE \$2,229,620 - MANAGEMENT & GENERAL \$247,431 IRC II, INC - PROGRAM SERVICE \$3,261,075 - MANAGEMENT & GENERAL \$418,059

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER TO AFFILIATES -16,766,176 OTHER GAIN ON TRANSFER OF INTEREST 798,050 LOS S ON ACQUISITION OF NONCONTROLLING INTEREST -459,917 EQUITY TRANSFER TO AFFILIATES UPON D ISSOLUTION OF CORE FUND, LLC -44,651,441

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF IMMANUEL'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHA NGE FROM PRIOR YEARS

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
IMMANUEL

Employer identification number
47-0733774

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) IMMANUEL ELDERLY HOUSING LLC 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 32-0535957	ELDERLY & LOW INCOME HOUSING	NE	536,413	2,189,337	IMMANUEL

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.

See Additional Data Table

(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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART II, IDENTIFICATION OF RELATED TAX- EXEMPT ORGANIZATIONS	IMMANUEL COMMUNITY FOUNDATION'S DIRECTORS ARE SELECTED BY THE BOARDS OF DIRECTORS OF THE THREE ORGANIZATIONS IT SUPPORTS, IMMANUEL RETIREMENT COMMUNITIES, IMMANUEL HOME AND COMMUNITY RESOURCES, IMMANUEL LONG TERM CARE, AND IRC II, INC. EACH OF THESE FOUR ORGANIZATIONS IS CONTROLLED BY THEIR SOLE MEMBER, IMMANUEL

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1A-S	IMMANUEL PAYS INVOICES FOR OPERATING EXPENSES ON BEHALF OF THE RELATED ENTITIES LISTED ON SCHEDULE R, PART II AND IS SUBSEQUENTLY REIMBURSED FOR THOSE AMOUNTS PAID FROM EACH ENTITY ACCORDINGLY MOST, IF NOT ALL, INTERCOMPANY TRANSACTIONS ARE A RESULT OF THIS CENTRALIZED ACCOUNTING SYSTEM



Additional Data

Software ID:
Software Version:
EIN: 47-0733774
Name: IMMANUEL

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) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 47-0799108	ELDERLY HOUSING	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(1) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 47-0624928	FUNDRAISING	NE	501(C)(3)	LINE 12C, III-FI	SEE STATEMENT	Yes	
(2) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 47-0831041	ELDERLY & LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(3) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 80-0016829	ELDERLY & LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(4) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 11-3742894	ELDERLY & LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(5) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 81-2697102	ELDERLY HOUSING	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(6) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 27-2628802	ELDERLY SERVICES	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(7) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 27-3635343	ELDERLY SERVICES	NE	501(C)(3)	LINE 10	IMMANUEL HOME AND COMMUNITY RESOURCES	Yes	
(8) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 27-3635416	ELDERLY SERVICES	NE	501(C)(3)	LINE 10	IMMANUEL HOME AND COMMUNITY RESOURCES	Yes	
(9) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 46-2582783	LONG-TERM HEALTH CARE SERVICES	NE	501(C)(3)	LINE 10	IMMANUEL	Yes	
(10) 1044 N 115TH ST SUITE 500 OMAHA, NE 68154 46-2693844	SUPPORT NONPROFITS WHOSE MISSIONS ALIGN WITH IMMANUEL	NE	501(C)(3)	LINE 12B, II	IMMANUEL	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	IMMANUEL HOME AND COMMUNITY RESOURCES	S	5,048,075	CASH TRANSFERRED EQUALS FMV
(1)	IMMANUEL RETIREMENT COMMUNITIES	Q	3,216,333	CASH TRANSFERRED EQUALS FMV
(2)	IMMANUEL COMMUNITY FOUNDATION	Q	54,286	CASH TRANSFERRED EQUALS FMV
(3)	IMMANUEL HOME AND COMMUNITY RESOURCES	Q	2,492,471	CASH TRANSFERRED EQUALS FMV
(4)	IMMANUEL LONG TERM CARE	Q	1,852,694	CASH TRANSFERRED EQUALS FMV
(5)	IMMANUEL LONG TERM CARE	R	2,013,789	CASH TRANSFERRED EQUALS FMV
(6)	IMMANUEL COMMUNITY VISION FOUNDATION	R	497,392	CASH TRANSFERRED EQUALS FMV
(7)	IMMANUEL LONG TERM CARE	R	1,015,599	CASH TRANSFERRED EQUALS FMV
(8)	IRC II INC	S	29,518,761	CASH TRANSFERRED EQUALS FMV
(9)	PACE IOWA	A	142,704	CASH TRANSFERRED EQUALS FMV
(10)	PACE IOWA	R	229,539	CASH TRANSFERRED EQUALS FMV
(11)	IMMANUEL RETIREMENT COMMUNITIES	R	551,338	CASH TRANSFERRED EQUALS FMV
(12)	IMMANUEL COMMUNITY VISION FOUNDATION	Q	199,312	CASH TRANSFERRED EQUALS FMV
(13)	IRC II INC	R	12,739,359	CASH TRANSFERRED EQUALS FMV
(14)	IMMANUEL HOME AND COMMUNITY RESOURCES	R	8,485,560	CASH TRANSFERRED EQUALS FMV
(15)	IMMANUEL COMMUNITY FOUNDATION	R	131,188	CASH TRANSFERRED EQUALS FMV
(16)	IMMANUEL AFFORDABLE II INC	R	214,502	CASH TRANSFERRED EQUALS FMV
(17)	IMMANUEL TRINITY AFFORDABLE INC	R	77,768	CASH TRANSFERRED EQUALS FMV
(18)	IRC II INC	D	16,674,152	LOAN BALANCE