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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Doing business as

Number and street (or P O box if mail is not delivered to street address) 4800 WEST 57TH STREET BOX 5038

Room/suite

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

D Employer identification number
45-0228055

E Telephone number
(605) 362-3100

G Gross receipts $ 1,350,559,725

F Name and address of principal officer
DAVID HORAZDOVSKY
4800 WEST 57TH STREET BOX 5038
SIOUX FALLS, SD 571175038

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW GOOD-SAM COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SHARE GOD'S LOVE IN WORD AND DEED BY PROVIDING SHELTER AND SUPPORTIVE SERVICES TO OTHERS IN NEED

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	25,343
6	Total number of volunteers (estimate if necessary)	**6**	4,183
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	580,770
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-3,454,132

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,047,566	13,910,759
9	Program service revenue (Part VIII, line 2g)	983,921,587	978,517,457
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,248,761	-2,249,465
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,050,386	19,394,291
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,027,268,300	1,009,573,042
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,776,758	5,745,345
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	597,560,577	593,365,251
16a	Professional fundraising fees (Part IX, column (A), line 11e)	138,180	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,211,247		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	442,310,101	439,961,983
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,044,785,616	1,039,072,579
19	Revenue less expenses Subtract line 18 from line 12	-17,517,316	-29,499,537

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,648,353,979	1,643,161,353
21	Total liabilities (Part X, line 26)	952,843,123	969,782,533
22	Net assets or fund balances Subtract line 21 from line 20	695,510,856	673,378,820

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

****** 2018-10-23
Signature of officer Date

G GRANT TRIBBLE CFO & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KACIE MCEWEN	KACIE MCEWEN	2018-10-23		P01599614

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

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402 — Phone no (612) 376-4500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO SHARE GOD'S LOVE IN WORD AND DEED BY PROVIDING SHELTER AND SUPPORTIVE SERVICES TO OLDER PERSONS AND OTHERS IN NEED, BELIEVING THAT "IN CHRIST'S LOVE, EVERYONE IS SOMEONE "(CONTINUED ON SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 613,253,116 including grants of $ 5,745,345) (Revenue $ 723,948,514)

See Additional Data

4b (Code) (Expenses $ 81,081,545 including grants of $ 0) (Revenue $ 95,717,189)

See Additional Data

4c (Code) (Expenses $ 61,336,229 including grants of $ 0) (Revenue $ 72,407,740)

See Additional Data

(Code) (Expenses $ 78,249,154 including grants of $ 0) (Revenue $ 92,373,535)

HOME HEALTH SERVICES - THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY OFFERS LICENSED HOME HEALTH CARE, HOSPICE AND SERVICES@HOME (PRIVATE DUTY) SERVICES IN 18 STATES OUR HOME HEALTH CARE AGENCIES SERVED APPROXIMATELY 12,822 CLIENTS IN 2017 THESE AGENCIES PROVIDE SKILLED HEALTH CARE IN A CLIENT'S HOME SKILLED CARE INCLUDES PROFESSIONAL NURSING CARE, HOME HEALTH AIDE ASSISTANCE, SOCIAL SERVICES AND THERAPISTS TO MEET THE SKILLED-MEDICAL NEEDS OF THE CLIENT WE PROVIDE CLINICAL SUPERVISION AND TREATMENT FOR THE PERSON ON A SHORT-TERM OR INTERMITTENT BASIS TO MEET HIS OR HER MEDICAL AND PERSONAL NEEDS THE LICENSED HOSPICE AGENCIES AND GENERAL INPATIENT UNIT PROVIDED CARE FOR 1,202 PATIENTS IN 2017 THE SERVICES PROVIDED INCLUDE PHYSICIAN, PROFESSIONAL NURSE, MEDICAL SOCIAL WORKER, CHAPLAIN, BEREAVEMENT SERVICE, HOME HEALTH AIDE, VOLUNTEERS AND THERAPY AS DIRECTED BY THE PATIENT'S CARE PLAN THE COMPASSIONATE, LOVING CARE AT THE END OF A PERSON'S LIFE PROVIDES THE PATIENT AND THEIR FAMILIES WITH THE SUPPORT AND CARE NEEDED TO MEET THE GOALS OF CARE SERVICES@HOME, OUR PRIVATE DUTY AGENCIES, PROVIDED CARE FOR 4,656 CLIENTS IN 2017 SERVICES@HOME TAILORS SERVICES TO SUPPORT SENIORS, WHICH ALLOWS THEM THE CHOICE TO REMAIN HOME WHILE RECEIVING THE COMPASSIONATE CARE AND SERVICES NEEDED THESE SERVICES INCLUDE MEAL PREPARATION, HOUSEKEEPING, COMPANIONSHIP, PERSONAL HYGIENE AND GROOMING, BATHING, EXERCISE, RESPITE CARE, MEMORY CARE, TRANSPORTATION, APPOINTMENT ESCORT, MEDICATION REMINDERS AND MORE

4d Other program services (Describe in Schedule O)

(Expenses $ 78,249,154 including grants of $ 0) (Revenue $ 92,373,535)

4e **Total program service expenses ▶** 833,920,044

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	2,316		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	25,343		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**	Yes	
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	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▶ AL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , LA , ME , MD , MI , MN , MS , NV , NH , NJ , NM , NY , NC , ND , OH , OK , PA , RI , TN , UT , WA , VA , WV , WI

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 ▶G GRANT TRIBBLE CFO & TREASURER 4800 W 57TH ST SIOUX FALLS, SD 57108 (605) 362-3100

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,239,736	0	667,796

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 ▶ 124

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AEGIS THERAPIES INC PO BOX 8103 FT SMITH, AR 72902	CONTRACT THERAPY SERVICES	26,715,519
INFINITY REHAB 25117 SW PARKWAY SUITE D WILSONVILLE, OR 97070	CONTRACT THERAPY SERVICES	7,742,380
BENSON-ORTH ASSOCIATES INC 10700 HWY 55 SUITE 310 PLYMOUTH, MN 55441	GENERAL CONTRACTOR - INCLUDES MATERIALS	6,135,491
SCULL CONSTRUCTION SERVICE PO BOX 7636 RAPID CITY, SD 57709	GENERAL CONTRACTOR - INCLUDES MATERIALS	5,657,782
PRIME TIME HEALTHCARE LLC PO BOX 3544 OMAHA, NE 68103	POOL STAFF SERVICES	5,111,340

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 ▶ 214

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	19,000			
	b Membership dues	1b				
	c Fundraising events	1c	736,357			
	d Related organizations	1d	2,386,111			
	e Government grants (contributions)	1e	379,434			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,389,857			
	g Noncash contributions included in lines 1a-1f $ 487,816					
	h Total. Add lines 1a-1f		13,910,759			

Program Service Revenue		Business Code				
2a	RESIDENT ROUTINE CARE	623000	858,999,462	858,999,462		
b	ANCILLARY SERVICES	623000	98,380,480	98,380,480		
c	SURCHARGE	623000	6,965,286	6,965,286		
d	NURSING SERVICES	623000	5,789,946			5,789,946
e	RENT	623000	3,048,063	3,048,063		
f	All other program service revenue		5,334,220			5,334,220
g	Total. Add lines 2a–2f		978,517,457			

Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts)		7,071,453			7,071,453
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real: 5,273,701 / (ii) Personal: 190,951				
b	Less rental expenses	(i) Real: 0 / (ii) Personal: 0				
c	Rental income or (loss)	(i) Real: 5,273,701 / (ii) Personal: 190,951				
d	Net rental income or (loss)		5,464,652	190,951		5,273,701
7a	Gross amount from sales of assets other than inventory	(i) Securities: 329,003,103 / (ii) Other: 2,327,712				
b	Less cost or other basis and sales expenses	(i) Securities: 317,015,003 / (ii) Other: 23,636,730				
c	Gain or (loss)	(i) Securities: 11,988,100 / (ii) Other: -21,309,018				
d	Net gain or (loss)		-9,320,918			-9,320,918
8a	Gross income from fundraising events (not including $ 736,357 of contributions reported on line 1c) See Part IV, line 18	a 51,898				
b	Less direct expenses	b 199,740				
c	Net income or (loss) from fundraising events		-147,842			-147,842
9a	Gross income from gaming activities See Part IV, line 19	a 59,107				
b	Less direct expenses	b 48,690				
c	Net income or (loss) from gaming activities		10,417			10,417
10a	Gross sales of inventory, less returns and allowances	a 254,396				
b	Less cost of goods sold	b 86,520				
c	Net income or (loss) from sales of inventory		167,876			167,876
	Miscellaneous Revenue	Business Code				
11a	ADMINISTRATIVE SERVICES	561000	7,465,669	5,929,521	1,536,148	
b	EMPLOYEE & GUEST MEALS	722210	4,986,921		564,590	4,422,331
c	BARBER & BEAUTY SHOP	623990	574,370			574,370
d	All other revenue		872,228		-1,519,968	2,392,196
e	Total. Add lines 11a–11d		13,899,188			
12	Total revenue. See Instructions		1,009,573,042	973,513,763	580,770	21,567,750

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,435,018	4,435,018		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,273,497	1,273,497		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	36,830	36,830		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,529,964	5,529,964		
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	487,265,134	389,462,301	96,469,153	1,333,680
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,737,639	7,001,522	1,712,443	23,674
9 Other employee benefits	52,694,497	42,111,774	10,438,413	144,310
10 Payroll taxes	39,138,017	31,361,525	7,670,449	106,043
11 Fees for services (non-employees)				
a Management				
b Legal	1,610,712		1,610,712	
c Accounting	-420,166		-420,166	
d Lobbying	241,879		241,879	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	101,974,129	93,171,543	8,774,881	27,705
12 Advertising and promotion	5,363,036	1,705	5,358,378	2,953
13 Office expenses	12,590,042	92,575	12,451,244	46,223
14 Information technology	10,301,619		10,301,619	
15 Royalties				
16 Occupancy	37,038,557	37,038,557		
17 Travel	9,130,126	4,962,338	4,161,734	6,054
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	118,945		118,945	
20 Interest	28,600,460	28,142,402	450,691	7,367
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,848,847	59,933,948	15,658,953	255,946
23 Insurance	15,622,811	12,344,772	3,225,321	52,718
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	77,227,431	77,227,431		
b LICENSE SURCHARGE	17,483,337	17,483,337		
c EQUIPMENT MAINTENANCE	17,123,455	14,926,335	2,197,120	
d UNCOLLECTIBLE EXPENSE	9,145,566		9,145,566	
e All other expenses	20,961,197	7,382,670	13,373,953	204,574
25 **Total functional expenses.** Add lines 1 through 24e	1,039,072,579	833,920,044	202,941,288	2,211,247
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	11,888,399	1	14,997,597
	2	Savings and temporary cash investments	854,589	2	901,575
	3	Pledges and grants receivable, net	491,336	3	409,976
	4	Accounts receivable, net	96,629,699	4	98,681,443
	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	13,567,111	7	12,591,062
	8	Inventories for sale or use	3,673,016	8	3,768,546
	9	Prepaid expenses and deferred charges	5,215,029	9	3,509,571
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,148,271,655			
	b	Less accumulated depreciation — 10b: 1,139,698,580	1,045,830,339	10c	1,008,573,075
	11	Investments—publicly traded securities	354,521,592	11	365,783,952
	12	Investments—other securities See Part IV, line 11	4,024,157	12	4,271,486
	13	Investments—program-related See Part IV, line 11	83,938,342	13	102,095,438
	14	Intangible assets	7,903,301	14	13,157,430
	15	Other assets See Part IV, line 11	19,817,069	15	14,420,202
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,648,353,979	16	1,643,161,353
Liabilities	17	Accounts payable and accrued expenses	111,465,896	17	106,244,578
	18	Grants payable		18	
	19	Deferred revenue	4,847,824	19	3,640,608
	20	Tax-exempt bond liabilities	562,361,770	20	431,261,292
	21	Escrow or custodial account liability Complete Part IV of Schedule D	115,078,347	21	115,228,865
	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	86,325,202	23	226,347,362
	24	Unsecured notes and loans payable to unrelated third parties	469,576	24	482,233
	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	72,294,508	25	86,577,595
	26	**Total liabilities.** Add lines 17 through 25	952,843,123	26	969,782,533
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	654,870,438	27	632,467,062
	28	Temporarily restricted net assets	21,391,612	28	20,701,627
	29	Permanently restricted net assets	19,248,806	29	20,210,131
		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	695,510,856	33	673,378,820
	34	Total liabilities and net assets/fund balances	1,648,353,979	34	1,643,161,353

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,009,573,042
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,039,072,579
3	Revenue less expenses Subtract line 2 from line 1	3	-29,499,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	695,510,856
5	Net unrealized gains (losses) on investments	5	3,476,848
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	3,890,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	673,378,820

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990, Part III, Line 4a:

SKILLED NURSING SERVICES - REHABILITATION/SKILLED NURSING SERVICES HAVE BEEN AT THE CORE OF THE SOCIETY'S SERVICES OVER ITS 95-YEAR HISTORY THE SOCIETY APPROACHES CARE FOR THOSE WE SERVE IN A "HOLISTIC" MANNER IN THAT REGARD, CARE FOR THE SPIRITUAL, EMOTIONAL AND SOCIAL DIMENSIONS OF OUR SKILLED NURSING RESIDENTS IS AS IMPORTANT AS THE PHYSICAL CARE THAT IS PROVIDED TO SOCIETY RESIDENTS EVERY HOUR OF EVERY DAY SERVICES PROVIDED IN SOCIETY SKILLED NURSING FACILITIES INCLUDE COMPREHENSIVE PROFESSIONAL NURSING CARE, REHABILITATION SERVICES, AS WELL AS A HIGH QUALITY OF RELATED SERVICES SUCH AS DIETARY, RECREATIONAL AND OTHER ACTIVITIES, MEDICATION ADMINISTRATION, AND OTHER SERVICES THAT MEET THE HOLISTIC NEEDS OF THOSE THE SOCIETY IS CALLED TO SERVE THE SOCIETY IS THE LARGEST NOT-FOR-PROFIT PROVIDER OF REHABILITATION/SKILLED NURSING SERVICES IN THE UNITED STATES BUT SIZE IS NOT THE SOCIETY'S OBJECTIVE INSTEAD, SEEKING TO MEET THE NEEDS OF "OLDER PERSONS AND OTHERS IN NEED" TO IMPROVE THEIR WELL-BEING - AS THEY DEFINE IT - REMAINS PARAMOUNT STATISTICALLY, THE SOCIETY PROVIDED A TOTAL OF 2,959,577 SKILLED NURSING HOME DAYS OF CARE AND SERVICE IN 2017 THE SOCIETY CONTINUES TO REINVEST MUCH OF ITS REVENUE TO BUILD AND REVITALIZE ITS FACILITIES ON CAMPUSES NATIONWIDE

Form 990, Part III, Line 4b:

HOUSING WITH SERVICES - ALSO REFERRED TO AS INDEPENDENT OR SENIOR HOUSING, HOUSING WITH SERVICES HAS BEEN A GROWING PART OF THE SOCIETY'S MINISTRY FOR MANY YEARS WITH 10,000 PEOPLE RETIRING EACH AND EVERY DAY IN THE UNITED STATES - AND WITH EVER-INCREASING NUMBERS OCCURRING IN FUTURE YEARS - THE PROVISION OF SENIOR LIVING/HOUSING WILL TAKE ON INCREASING IMPORTANCE IN YEARS TO COME THE SOCIETY RECOGNIZES THIS GROWTH AND HAS MADE EXPANSION OF SENIOR LIVING SERVICES AND LOCATIONS A MAJOR PART OF ITS CORPORATE STRATEGIC PLANNING IN 2017, THE SOCIETY RECORDED 1,843,844 SENIOR LIVING DAYS OF SERVICE TO RESIDENTS THROUGHOUT THE COUNTRY CAMPUSES FEATURE ATTRACTIVE GROUNDS, A VARIETY OF COMMON SPACE AND MULTI-PURPOSE ROOMS FOR RESIDENT AND FAMILY INTERACTION AND COMMUNITY GATHERINGS, LIBRARIES AND READING ROOMS, LARGE COMMON KITCHENS, CABLE TV AND PHONE SERVICE, AND THE AVAILABILITY OF COMPUTER/INTERNET SERVICES TO ALLOW AND ENCOURAGE ELECTRONIC CONNECTIVITY WITH FAMILY AND FRIENDS FURTHER, VARIOUS SENIOR LEARNING OPPORTUNITIES ARE PROVIDED ON SENIOR LIVING CAMPUSES IN ADDITION TO THE SPIRITUAL AND SOCIAL PROGRAMS OFFERED IN REHABILITATION/SKILLED NURSING SERVICES AND ASSISTED LIVING

Form 990, Part III, Line 4c:

ASSISTED LIVING SERVICES - ASSISTED LIVING SERVICES RESPOND TO THE SOCIETY'S RESIDENTS' NEEDS EACH DAY IN A "HOME-LIKE" ENVIRONMENT IN 2017, THE SOCIETY PROVIDED 674,030 RESIDENT DAYS IN ASSISTED LIVING LOCATIONS THIS IMPORTANT LEVEL OF CARE PROVIDES A VITAL, INTERMEDIATE LEVEL OF CARE FOR INDIVIDUALS WHO ARE NEITHER ABLE TO LIVE INDEPENDENTLY NOR ARE IN NEED OF SKILLED NURSING SERVICES THE LIST OF SERVICES PROVIDED IN SOCIETY ASSISTED LIVING FACILITIES HIGHLIGHTS AN ENVIRONMENT THAT PROVIDES FOR THE HOLISTIC CARE OF ITS RESIDENTS SERVICES INCLUDE THREE NUTRITIOUS MEALS A DAY, HOUSEKEEPING, LAUNDRY SERVICE, 24-HOUR STAFFING (IN ADDITION TO EMERGENCY CALL SYSTEMS), SCHEDULED TRANSPORTATION, SPIRITUAL SERVICES, AND MEDICATION ASSISTANCE COORDINATED SPIRITUAL AND SOCIAL PROGRAMS ARE OFFERED FOR THE TOTAL WELL-BEING OF THE RESIDENTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J HORAZDOVSKY PRESIDENT & CEO	55 40 0 60	X		X				779,485	0	21,494
H THEODORE GRINDAL CHAIR & FIRST VICE CHAIR	3 30 1 40	X		X				0	0	0
DR GWEN WAGSTROM HALAAS MEMBER-EXEC COMM & FIRST VICE CHAIR	3 30 0 70	X		X				0	0	0
ALAN R GARD MEMBER-EXECUTIVE COMMITTEE	3 30 0 10	X						0	0	0
DALE THOMPSON MEMBER-EXECUTIVE COMMITTEE	3 30 0 10	X						0	0	0
BENJAMIN P ANDERSON DIRECTOR (THROUGH JANUARY 2017)	50 00 0 10	X						55,658	0	3,002
REBECCA BOLLIG DIRECTOR	50 00 0 10	X						99,196	0	45,121
NORVAL BUCKNEBERG DIRECTOR	3 30 0 70	X						0	0	0
PATRICIA L CAMERO DIRECTOR	50 00 0 10	X						174,024	0	22,348
MICHAEL DEUTH DIRECTOR	50 00 0 10	X						137,174	0	30,540

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			
HEATHER L KRZMARZICK DIRECTOR	50 00 0 10	X						124,996	0	22,520
LEE LAAVEG DIRECTOR	3 30 0 70	X						0	0	0
CONNIE MARCH-CURTIS DIRECTOR (THROUGH JUNE 2017)	3 30 0 70	X						0	0	0
LISA MELBY DIRECTOR	50 00 0 10	X						150,875	0	18,295
TIMOTHY PHILLIPPE DIRECTOR	3 30 0 10	X						0	0	0
JOHN RACEK DIRECTOR	3 30 0 70	X						0	0	0
DINA ROBINSON DIRECTOR	50 00 0 10	X						105,887	0	21,238
JILL A SCHUMANN DIRECTOR	3 30 0 10	X						0	0	0
DENNIS STENE DIRECTOR (THROUGH JUNE 2017)	3 30 0 70	X						0	0	0
SHARON ST MARY DIRECTOR (THROUGH JUNE 2017)	50 00 0 10	X						169,268	0	17,793

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			
BERGEN J PETERSON EXECUTIVE VICE PRESIDENT	55 00 0 00			X				294,267	0	33,164
THOMAS SYVERSON EXECUTIVE VICE PRESIDENT	55 00 0 10			X				338,875	0	32,218
G GRANT TRIBBLE TREASURER & CFO	54 50 0 60			X				343,571	0	28,768
JOSEPH HERDINA ASSISTANT TREASURER	55 00 0 10			X				217,131	0	30,768
THOMAS KAPUSTA SECRETARY	54 50 0 60			X				331,655	0	21,468
SYLVIA GAUSE ASSISTANT SECRETARY (THROUGH JANUARY 2017)	40 90 0 10			X				13,896	0	1,615
DEAN MERTZ VICE PRESIDENT, WORKFORCE (THROUGH MARCH 2017)	55 00 0 00				X			275,175	0	10,752
JAN RITTER VICE PRESIDENT, HR	55 00 0 00				X			205,717	0	43,274
LINDA STUDER VICE PRESIDENT, OPERATIONS	55 00 0 00				X			255,186	0	11,545
DUSTIN SCHOLZ REGIONAL VICE PRESIDENT	55 00 0 00				X			153,135	0	31,964

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			
SUSAN RAPER REGIONAL VICE PRESIDENT	55 00 0 00				X			197,610	0	32,218
JAMES DROPPERS REGIONAL VICE PRESIDENT	55 00 0 00				X			191,391	0	21,710
DAN HAMES REGIONAL VICE PRESIDENT	55 00 0 00				X			187,722	0	32,218
NATE SCHEMA REGIONAL VICE PRESIDENT	55 00 0 00				X			161,176	0	32,859
RUSTAN WILLIAMS VICE PRESIDENT, IST	55 00 0 00					X		331,606	0	21,358
VICTORIA WALKER CHIEF MEDICAL OFFICER	55 00 0 00					X		262,921	0	32,218
JULIE RIEKEN STAFF NURSE - RN	99 90 0 00					X		259,895	0	7,688
JAMES KREKELBERG VP, ACCOUNTING AND CONTROLLER	54 50 0 60					X		211,931	0	18,145
KIMBERLY JOHANSEN VICE PRESIDENT, HOME & COMMUNITY BASED SERVICES	55 00 0 00					X		210,313	0	21,495

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	19,112,946	16,176,540	10,478,332	14,047,566	13,962,657	73,778,041
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	945,993,052	952,770,064	958,776,405	983,921,587	978,517,457	4,819,978,565
3 Gross receipts from activities that are not an unrelated trade or business under section 513	366,252	371,370	363,494	351,192	313,503	1,765,811
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	965,472,250	969,317,974	969,618,231	998,320,345	992,793,617	4,895,522,417
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						4,895,522,417

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	965,472,250	969,317,974	969,618,231	998,320,345	992,793,617	4,895,522,417
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,381,581	9,069,280	7,892,300	12,386,594	12,536,105	51,265,860
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,381,581	9,069,280	7,892,300	12,386,594	12,536,105	51,265,860
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)	8,395,068	10,242,472	7,220,485	13,559,113	13,318,418	52,735,556
13 **Total support.** (Add lines 9, 10c, 11, and 12)	983,248,899	988,629,726	984,731,016	1,024,266,052	1,018,648,140	4,999,523,833

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 2017 (line 8, column (f) divided by line 13, column (f))	15	97 920 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	98 050 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	1 030 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	0 960 %

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 III, LINE 12, EXPLANATION OF OTHER INCOME	ADMINISTRATIVE SERVICES GAINLOSS ON EXTINGUISHMENT OF DEBT OTHER REVENUE FUNDRAISING EVENT REVENUE EMPLOYEE GUEST MEALS BARBER BEAUTY SHOP REVENUE

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	45-0228055

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		52,671
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		363,023
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			415,694
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	ONE STAFF MEMBER IS DEVOTED FULL TIME TO PUBLIC POLICY ISSUES, INCLUDING ADVOCACY ACTIVITIES AN OUTSIDE REPRESENTATIVE IS ALSO ENGAGED TO ASSIST WITH COORDINATING THIS ACTIVITY SEVERAL STAFF MEMBERS AND RESIDENTS WRITE LETTERS TO ELECTED OFFICIALS WHICH PROVIDE BACKGROUND AND EXPRESS RECOMMENDED POSITIONS ON SPECIFIC ISSUES IN ADDITION, PERIODIC CORRESPONDENCE AND PERSONAL VISITS OCCUR BETWEEN STAFF MEMBERS AND ELECTED OFFICIALS TO ADVOCATE PARTICULAR POSITIONS ON ISSUES IT IS ESTIMATED THAT TWO PERCENT OF ONE AVERAGE STAFF MEMBERS' TIME IS DEVOTED TO THIS ACTIVITY

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," 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

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,406,000	2,388,000	2,289,000	2,980,000	1,966,000
b Contributions		16,000	-1,000	-1,109,000	617,000
c Net investment earnings, gains, and losses	205,000	26,000	181,000	13,000	-3,000
d Grants or scholarships					
e Other expenditures for facilities and programs	346,000	24,000	81,000	-405,000	-400,000
f Administrative expenses					
g End of year balance	2,265,000	2,406,000	2,388,000	2,289,000	2,980,000

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

- a Board designated or quasi-endowment ▶ 14 100 %
- b Permanent endowment ▶ 6 200 %
- c Temporarily restricted endowment ▶ 79 700 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		58,721,381		58,721,381
b Buildings		1,588,149,556	833,736,485	754,413,071
c Leasehold improvements		111,130,255	66,860,262	44,269,993
d Equipment		318,684,184	239,101,833	79,582,351
e Other		71,586,279		71,586,279
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,008,573,075

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN JOINT VENTURES	31,781,227	F
(2) INVESTMENT IN FOUNDATION	70,314,211	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	102,095,438	

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	
REAL ESTATE TAXES & OTHER LIABILITIES	15,419,918
UNAMORTIZED BOND PREMIUM	35,656,415
ANNUITIES PAYABLE	2,111,201
PAYABLE UNDER INVESTMENT LOAN AGREEMENT	13,599,415
NON-REFUNDABLE APARTMENT ENTRANCE FEES	19,790,646
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	86,577,595

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	AS SET FORTH BY FEDERAL AND STATE REGULATIONS, THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY (SOCIETY) PROVIDES RESIDENT TRUST ACCOUNT (RTA) SERVICES FOR RESIDENTS THESE RTA FUNDS ARE NOT COMMINGLED WITH SOCIETY FUNDS, ARE ACCESSIBLE FOR RESIDENTS' USE, HAVE DETAILED ACCOUNTING RECORDS MAINTAINED ON AN INDIVIDUAL RESIDENT BASIS, AND FOLLOW BOTH FEDERAL AND STATE REGULATIONS REGARDING THE HANDLING AND DOCUMENTATION OF ACTIVITY AS RTA FUNDS ARE HELD IN TRUST FOR RESIDENTS, A RESIDENT MAY AUTHORIZE THAT THEIR RTA FUNDS BE RETURNED TO THE RESIDENT OR THEIR DESIGNEE (REPRESENTATIVE PAYEE, FINANCIAL POWER OF ATTORNEY, GUARDIAN, ETC) AT ANY TIME ADDITIONALLY, WHEN A RESIDENT IS DISCHARGED FROM A FACILITY, THEIR RTA FUNDS ARE RETURNED TO THE RESIDENT OR THEIR AUTHORIZED DESIGNEE IF A RESIDENT EXPIRES WITH RTA FUNDS ON HAND, SPECIFIC STATE REGULATIONS ALONG WITH STATE AND/OR FEDERAL AGENCIES GUIDELINES ARE REVIEWED TO ENSURE THESE RTA FUNDS ARE MANAGED APPROPRIATELY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE SOCIETY'S ENDOWMENT FUNDS ARE USED AS DIRECTED BY THE DONOR'S RESTRICTIONS OR THE BOARD'S DESIGNATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	TAX EXEMPT STATUS FOOTNOTE - THE SOCIETY'S U S DOMICILED ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR ARE PASS-THROUGH ENT ITIES NOT SUBJECT TO TAX AT THE ENTITY LEVEL GOOD SAMARITAN SOCIETY INSURANCE, LTD IS AN EXEMPT COMPANY UNDER THE COMPANIES LAW OF THE CAYMAN ISLANDS THE SOCIETY FOLLOWS THE ACC OUNTING STANDARD FOR CONTINGENCIES IN EVALUATING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS THIS STANDARD PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE SOCIETY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXA MINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE SOCIETY IS NOT AWARE OF ANY ACTIVIT IES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2A	THE SOCIETY HAS HOUSING ENTRANCE FEES FOR ADMITTANCE INTO HOUSING UNITS AT VARIOUS LOCATIONS THESE CONTRACTS FOR HOUSING ENTRANCE FEES VARY BY LOCATION, AND TYPICALLY HAVE VARYING REFUNDABLE PORTIONS UP TO 100% OF THESE ENTRANCE FEES THE REFUNDABLE PORTIONS OF THE HOUSING ENTRANCE FEES ARE REFUNDABLE BASED UPON TIME RESTRICTIONS AND VACANCY OF THE HOUSING UNIT THE NONREFUNDABLE PORTION OF THE HOUSING ENTRANCE FEES ARE RECORDED AS DEFERRED REVENUE AND AMORTIZED INTO INCOME OVER THE LIFE EXPECTANCY OF THE RESIDENT AND FULLY RECOGNIZED WHEN THE RESIDENT VACATES ITS UNIT THE SOCIETY RECORDS A CURRENT PORTION OF HOUSING ENTRANCE FEES THAT IS EXPECTED TO BE REFUNDED IN THE NEXT YEAR

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR	0	0	GRANTS TO ORGANIZATIONS		36,830
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			36,830
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			36,830

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	OUR CONTRIBUTION TO THE EVANGELICAL LUTHERAN CHURCH IN COLOMBIA GOES TO SUPPORT THEIR WORK WITH ELDERS IN TWO LOCATIONS - SOACHA AND TUNJA SPECIFICALLY, OUR CONTRIBUTION HELPS PROVIDE SHELTER, FOOD AND SOCIAL SERVICES FOR ABOUT 50 ELDERS IN SOACHA AND 30 ELDERS IN TUNJA	36,830	WIRE TRANSFERS			
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, do not file with Form 990)*	☐ 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, do not file with Form 990)*	☐ 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
PART I, LINE 2	REGULAR CORRESPONDENCE IS RECEIVED FROM THE GRANTEE REGARDING THE PROGRESS OF THEIR INITIATIVES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

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

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

		(a) Event #1 SISTER BAY (event type)	(b) Event #2 BOWLING EVENT (event type)	(c) Other events 188 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	51,600	83,410	653,245	788,255
	2 Less Contributions	5,952	77,160	653,245	736,357
	3 Gross income (line 1 minus line 2)	45,648	6,250		51,898
Direct Expenses	4 Cash prizes	500			500
	5 Noncash prizes	1,007			1,007
	6 Rent/facility costs	4,214	6,177		10,391
	7 Food and beverages	4,860			4,860
	8 Entertainment				
	9 Other direct expenses	132	14,481	168,369	182,982
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				199,740
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-147,842

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	58,288		819	59,107
Direct Expenses	2 Cash prizes	45,395		192	45,587
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	3,103			3,103
	6 Volunteer labor	☑ Yes 100 000 % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				48,690
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				10,417

9 Enter the state(s) in which the organization conducts gaming activities FL , MN

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☑ No

b If "No," explain THE SOCIETY IS REGISTERED IN THE STATE OF MINNESOTA IT IS NOT REQUIRED TO BE REGISTERED IN THE STATE OF FLORIDA SO IT HAS NOT REGISTERED IN THAT STATE

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ SUZIE O'MEARA HERNES

Address ▶ 4800 WEST 57TH STREET
SIOUX FALLS, SD 57108

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ SEE PART IV FOR A LIST

Gaming manager compensation ▶ $

Description of services provided ▶ THE SOCIETY'S VARIOUS FACILITIES CONDUCT LIMITED CHARITABLE GAMING ACTIVITIES EACH FACILITY'S ADMINISTRATOR OR EXECUTIVE DIRECTOR IS IN CHARGE OF THAT FACILITY'S CHARITABLE GAMING ACTIVITIES THEY ARE EMILY HENDERSON - ADMINISTRATOR - WESTBROOK, MN - $221LUANN FOOS - EXECUTIVE DIRECTOR - KISSIMMEE, FL - $3,510

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	574	1,273,497			
(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	THE SOCIETY PROVIDES GRANTS TO ORGANIZATIONS TO SUPPORT VARIOUS CAUSES EACH YEAR GENERAL CORRESPONDENCE WITH THE RECIPIENTS OF THESE GRANTS IS USED WHEN NEEDED WHILE MONITORING THE USE OF THE GRANTED MONIES THE SOCIETY PROVIDES SCHOLARSHIPS TO EMPLOYEES WHO ARE ENROLLED IN A QUALIFIED EDUCATION PROGRAM THE SOCIETY PAYS THE SCHOLARSHIP DIRECTLY TO THE EDUCATIONAL INSTITUTION WHERE THE EMPLOYEE IS ENROLLED IF AN EMPLOYEE HAS ALREADY PAID THE EXPENSES, THE SOCIETY REQUIRES RECEIPT OF PAYMENT BEFORE REIMBURSEMENT IS MADE TO THE EMPLOYEE

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
WORLD MISSION PRAYER LEAGUE 232 CLIFTON AVE MINNEAPOLIS, MN 55403	41-0786986	501(C)(3)	30,464				CONTRIBUTIONS SUPPORT THE WORK OF LAMB HOSPITAL IN BANGLADESH SPECIFICALLY, OUR CONTRIBUTIONS SUPPORT THE "POOR FUND" WHICH IS MONEY USED FOR OPERATIONS AND MEDICINE FOR THOSE PATIENTS WHO HAVE LITTLE OR NO MONEY THE CONTRIBUTIONS ARE ALSO USED TO SUPPORT THE WORK OF THE CHAPLAINS IN THE HOSPITAL
TEAM PO BOX 969 WHEATON, IL 601890969	36-2169146	501(C)(3)	30,956				CONTRIBUTIONS SUPPORT THE WORK OF THE KARANDA MISSION HOSPITAL IN ZIMBABWE SPECIFICALLY, OUR CONTRIBUTION HELPS PROVIDE MEDICAL SUPPLIES, MEDICINE, AND GENERAL HOSPITAL COSTS FOR THIS MISSION HOSPITAL WHICH IS LOCATED ABOUT 4 HOURS FROM HARARE, THE CAPITAL OF ZIMBABWE

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
SIOUX EMPIRE UNITED WAY 1000 N WEST AVE SUITE 120 SIOUX FALLS, SD 57104	46-0233701	501(C)(3)	9,000				TO SUPPORT EXEMPT MISION
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION 4800 W 57TH ST SIOUX FALLS, SD 57117	46-0422866	501(C)(3)	4,283,333				TO SUPPORT THE GENERAL OPERATIONS AND TRANSFER OF GIFTS TO BE HELD BY THE FOUNDATION

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
SENIOR COMPANION FUND 1000 N WEST AVE SUITE 260 SIOUX FALLS, SD 57104	46-0379180	501(C)(3)	9,083				TO SUPPORT EXEMPT MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	BENJAMIN ANDERSON RECEIVED $30,074 IN SEVERANCE PAY DEAN MERTZ RECEIVED $131,500 IN 457(F) CONTRIBUTIONS

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

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

(A) Name 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				
1DAVID J HORAZDOVSKY PRESIDENT & CEO	(I)	681,167	0	98,318	0	21,951	801,436	0
	(II)	0	0	0	0	0	0	0
1PATRICIA L CAMERO DIRECTOR	(I)	120,299	0	53,725	0	22,805	196,829	0
	(II)	0	0	0	0	0	0	0
2MICHAEL DEUTH DIRECTOR	(I)	115,196	0	21,978	0	30,996	168,170	0
	(II)	0	0	0	0	0	0	0
3LISA MELBY DIRECTOR	(I)	115,882	0	34,993	0	18,752	169,627	0
	(II)	0	0	0	0	0	0	0
4SHARON ST MARY DIRECTOR (THROUGH JUNE 2017)	(I)	115,295	0	53,973	0	18,250	187,518	0
	(II)	0	0	0	0	0	0	0
5BERGEN J PETERSON EXECUTIVE VICE PRESIDENT	(I)	233,842	0	60,425	0	33,621	327,888	0
	(II)	0	0	0	0	0	0	0
6THOMAS SYVERSON EXECUTIVE VICE PRESIDENT	(I)	290,573	0	48,302	0	32,675	371,550	0
	(II)	0	0	0	0	0	0	0
7G GRANT TRIBBLE TREASURER & CFO	(I)	310,373	0	33,198	0	29,225	372,796	0
	(II)	0	0	0	0	0	0	0
8JOSEPH HERDINA ASSISTANT TREASURER	(I)	164,169	0	52,962	0	31,225	248,356	0
	(II)	0	0	0	0	0	0	0
9THOMAS KAPUSTA SECRETARY	(I)	250,310	0	81,345	0	21,925	353,580	0
	(II)	0	0	0	0	0	0	0
10DEAN MERTZ VICE PRESIDENT, WORKFORCE (THROUGH M	(I)	40,722	0	234,453	0	10,866	286,041	0
	(II)	0	0	0	0	0	0	0
11JAN RITTER VICE PRESIDENT, HR	(I)	178,766	0	26,951	14,560	29,171	249,448	0
	(II)	0	0	0	0	0	0	0
12LINDA STUDER VICE PRESIDENT, OPERATIONS	(I)	203,286	0	51,900	0	12,002	267,188	0
	(II)	0	0	0	0	0	0	0
13DUSTIN SCHOLZ REGIONAL VICE PRESIDENT	(I)	128,079	0	25,056	0	32,421	185,556	0
	(II)	0	0	0	0	0	0	0
14SUSAN RAPER REGIONAL VICE PRESIDENT	(I)	155,305	0	42,305	0	32,675	230,285	0
	(II)	0	0	0	0	0	0	0
15JAMES DROPPERS REGIONAL VICE PRESIDENT	(I)	131,231	0	60,160	0	22,167	213,558	0
	(II)	0	0	0	0	0	0	0
16DAN HAMES REGIONAL VICE PRESIDENT	(I)	131,814	0	55,908	0	32,675	220,397	0
	(II)	0	0	0	0	0	0	0
17NATE SCHEMA REGIONAL VICE PRESIDENT	(I)	117,238	0	43,938	0	33,316	194,492	0
	(II)	0	0	0	0	0	0	0
18RUSTAN WILLIAMS VICE PRESIDENT, IST	(I)	242,763	0	88,843	0	21,815	353,421	0
	(II)	0	0	0	0	0	0	0
19VICTORIA WALKER CHIEF MEDICAL OFFICER	(I)	192,420	0	70,501	0	32,675	295,596	0
	(II)	0	0	0	0	0	0	0

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				
21JULIE RIEKEN STAFF NURSE - RN	(I)	242,133	0	17,762	0	7,745	267,640	0
	(II)	0	0	0	0	0	0	0
1JAMES KREKELBERG VP, ACCOUNTING AND CONTROLLER	(I)	144,089	0	67,842	0	18,602	230,533	0
	(II)	0	0	0	0	0	0	0
2KIMBERLY JOHANSEN VICE PRESIDENT, HOME & COMMUNITY BAS	(I)	149,050	0	61,263	0	21,951	232,264	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	COHFA	84-0752932	1964BAYW9	05-23-2012	175,711,853	NONREFUNDING, REFUNDED 1997, 1998, 2000, 2009 BOND ISSUES & 2006 TERM LOANS		X		X	X	
B	COHFA	84-0752932	19648AM44	10-02-2013	62,441,164	NONREFUNDING AND REFUNDED A PRIOR TAXABLE BOND ISSUE		X		X	X	
C	COHFA	84-0752932	19648A2Y0	07-23-2015	219,045,391	NONREFUNDING, REFUNDED 2004, 2005 (PARTIAL) & 2006 (PARTIAL) BOND ISSUES		X		X	X	
D	COHFA	84-0752932	19648FDL5	09-21-2017	244,074,136	NONREFUNDING, REFUNDED 2005 (PARTIAL) & 2006 (PARTIAL), 2007, 2011, BOND IS		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,265,000		3,170,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	175,711,853	62,441,164	219,045,391	244,074,136
4	Gross proceeds in reserve funds	15,291,365	6,396,154	16,733,558	18,225,276
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,409,249	1,073,664	2,604,602	2,903,786
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	35,000,000	16,700,000	64,407,405	29,553,168
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2013	2014	2015	2017

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		25 000 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME COHFA DATE THE REBATE COMPUTATION WAS PERFORMED 12/13/2016

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) MICHAEL DROPPERS	FAMILY RELATIONSHIP - SON OF JIM DROPPERS, KEY EMPLOYEE	47,834	COMPENSATION & BENEFITS		No
(1) RYAN MERTZ	FAMILY RELATIONSHIP - SON OF DEAN MERTZ, KEY EMPLOYEE	116,401	COMPENSATION & BENEFITS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) DEBORAH HAMES	FAMILY RELATIONSHIP - WIFE OF DAN HAMES, KEY EMPLOYEE	58,967	COMPENSATION & BENEFITS		No
(1) KELLY HORAZDOVSKY	FAMILY RELATIONSHIP - DAUGHTER OF DAVID HORAZDOVSKY, TELGSS PRESIDENT	51,398	COMPENSATION & BENEFITS		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) JACOB STUDER	FAMILY RELATIONSHIP - SON OF LINDA STUDER, KEY EMPLOYEE	74,467	COMPENSATION & BENEFITS		No
(1) KATHERYN STUDER	FAMILY RELATIONSHIP - DAUGHTER-IN LAW OF LINDA STUDER, KEY EMPLOYEE	100,592	COMPENSATION & BENEFITS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) BREANNA GOEMBEL	FAMILY RELATIONSHIP - DAUGHTER OF LINDA STUDER, KEY EMPLOYEE	78,865	COMPENSATION & BENEFITS		No
(1) GREG WILCOX	FAMILY RELATIONSHIP - GRANDSON OF FOUNDER	201,129	COMPENSATION & BENEFITS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) GREG KRZMARZICK	FAMILY RELATIONSHIP - HUSBAND OF HEATHER KRZMARZICK, DIRECTOR	82,374	COMPENSATION & BENEFITS		No
(1) CHELSI TEEL	FAMILY RELATIONSHIP - DAUGHTER OF DINA ROBINSON, DIRECTOR	34,264	COMPENSATION & BENEFITS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) CANDICE MEIER	FAMILY RELATIONSHIP - DAUGHTER OF DINA ROBINSON, DIRECTOR	33,451	COMPENSATION & BENEFITS		No
(1) KELLIE SCHOLZ	FAMILY RELATIONSHIP - WIFE OF DUSTIN SCHOLZ, KEY EMPLOYEE	58,320	COMPENSATION & BENEFITS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) ROGER SCHOLZ	FAMILY RELATIONSHIP - FATHER OF DUSTIN SCHOLZ, KEY EMPLOYEE	38,909	COMPENSATION & BENEFITS		No
(1) MARY ELLEN SCHOLZ	FAMILY RELATIONSHIP - MOTHER OF DUSTIN SCHOLZ, KEY EMPLOYEE	24,621	COMPENSATION & BENEFITS		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	12	16,554	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		384	FAIR MARKET VALUE
5 Clothing and household goods	X		49,309	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	31	348,101	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	19	22,409	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	185	30,130	FAIR MARKET VALUE
26 Other ▶ (EQUIPMENT)	X	36	20,928	FAIR MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

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

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	IN 2017, THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY (THE SOCIETY) CELEBRATED ITS 95TH YEAR OF EXISTENCE SINCE ITS FOUNDING IN A SMALL NORTH DAKOTA COMMUNITY AS THE SOCIETY RAPIDLY APPROACHES A CENTURY OF SERVICE, MISSION AND MINISTRY, ITS STRATEGIC AND OPERATIONAL WORK IS FOCUSED ON THE GOOD SAMARITAN SOCIETY WAY - GUIDED BY OUR OBLIGATION (MISSION) TO SHARE GOD'S LOVE, THE SOCIETY IS CHALLENGED TO DO NOTHING LESS THAN TO BE OUTSTANDING IN BOTH OPERATIONS AND STRATEGY - TO SHARE GOD'S LOVE, THE SOCIETY SEEKS OUT AND FINDS OPPORTUNITIES (OUR STRATEGIC DIRECTION) TO HELP IMPROVE WELL-BEING AND LET PEOPLE LEAD THE LIVES THEY WANT TO LIVE IN THE PLACES WHERE THEY WANT TO BE - AND THE SOCIETY IS SUCCESSFUL WHEN IT ACHIEVES ITS OUTCOME (VISION) OF CREATING ENVIRONMENTS WHERE PEOPLE FEEL LOVED, VALUED AND AT PEACE EVERY ONE OF OUR 20,250 STAFF MEMBERS HAS TRAINED IN THE GOOD SAMARITAN SOCIETY WAY THE CHALLENGE OF MEETING PEOPLE'S NEEDS WHERE THEY ARE COMPELS AND PROPELS THE SOCIETY TO MEET THE CHALLENGES OF THE FUTURE ALTHOUGH THE SOCIETY'S CONSTANCY AND CONSISTENCY OF MISSION HAS STAYED TRUE, THE ENVIRONMENT SURROUNDING THE ORGANIZATION HAS CHANGED GREATLY OVER THESE PAST 95 YEARS WE STAND AT A CRITICAL JUNCTURE IN OUR NATION'S HISTORY, AS CONDITIONS OF OUR ECONOMY, DEMOGRAPHICS, SOCIETY AND CULTURE HAVE SEEN REVOLUTIONARY CHANGE THE SOCIETY RECOGNIZES THESE CHANGING NEEDS AND DEMANDS AND STANDS READY TO SERVE PEOPLE'S NEEDS FOR THE NEXT 100 YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE FOLLOWING RELATED PARTNERSHIPS AND S-CORPORATIONS WERE CONVERTED INTO TAX-EXEMPT ENTIT IES AND TRANSFERRED INTO GOOD SAMARITAN SOCIETY HCBS-TX, LLC, A DISREGARDED ENTITY, DURING THE YEAR JJEA, LLC - CONVERTED 10/1/2017 ANGELS IN WAITING HOSPICE, LLC - CONVERTED 10/1 /2017 HMS HERITAGE MANAGEMENT SERVICES, LLC - CONVERTED 12/1/2017 ALWAYS ABOVE AND BEYOND HOME HEALTH CARE SERVICES, LLC - CONVERTED 12/1/2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD TO AC T ON ITS BEHALF ON MATTERS THAT NEED ATTENTION WHEN THE BOARD IS NOT IN SESSION ALL ACTIO NS OF THE EXECUTIVE COMMITTEE ARE RATIFIED AT THE NEXT SCHEDULED BOARD MEETING THE EXECUT IVE COMMITTEE IS COMPRISED OF THE FOLLOWING BOARD MEMBERS CHAIRPERSON, FIRST VICE CHAIRPE RSON, THREE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5	IN 2017, THE SOCIETY IDENTIFIED TWO SEPARATE INCIDENTS THAT RESULTED IN THE DIVERSION OF S OCIETY'S ASSETS THE INCIDENTS INVOLVED EMPLOYEES WHO DIVERTED ORGANIZATIONAL FUNDS TOTALI NG APPROXIMATELY $453,924 FOR PERSONAL EXPENSES THE TWO INCIDENTS WERE UNRELATED AND OCCU RRED AT DIFFERENT LOCATIONS BOTH IDENTIFIED EMPLOYEES' EMPLOYMENT WAS TERMINATED AND INTE RNAL AUDIT INVESTIGATIONS WERE COMPLETED LAW ENFORCEMENT WAS NOTIFIED AND PROVIDED DOCUME NTATION OF THE ASSET DIVERSIONS BOTH INCIDENTS HAVE LEGAL ACTION IN-PROCESS AS A RESULT OF THESE INCIDENTS, THE SOCIETY HAS IMPLEMENTED ADDITIONAL PROCEDURES TO IMPROVE INTERNAL CONTROLS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE FOLLOWING ARE ELIGIBLE VOTING MEMBERS OF THE SOCIETY BY VIRTUE OF THEIR RELATIONSHIP W ITH THE SOCIETY 1 ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE SOCIETY WHO ARE MEMBERS O F A CHRISTIAN CHURCH 2 ALL SOCIETY CORPORATE OFFICERS AND ASSISTANT OFFICERS WHO ARE MEM BERS OF A CHRISTIAN CHURCH 3 ALL REGIONAL VICE PRESIDENTS WHO ARE MEMBERS OF A CHRISTIAN CHURCH 4 ALL ADMINISTRATOR/EXECUTIVE DIRECTOR/EXECUTIVE MANAGER EMPLOYEES OF THE SOCIET Y WHO ARE MEMBERS OF A CHRISTIAN CHURCH 5 ALL MEMBERS OF EXECUTIVE LEADERSHIP WHO ARE ME MBERS OF A CHRISTIAN CHURCH 6 ALL MEMBERS WHO ARE MEMBERS OF A CHRISTIAN CHURCH WHO WERE MEMBERS ON JANUARY 1, 2002, THE DAY OF THE ADOPTION OF THIS AMENDED BYLAW HOWEVER, VOTIN G MEMBERSHIP FOR ALL SUCH MEMBERS UNDER THIS ARTICLE II A 6 SHALL CEASE, AFTER REASONAB LE NOTICE, WHEN SUCH MEMBER FAILS TO VOTE AT THE ANNUAL METING OF THE SOCIETY FOR TWO CONS ECUTIVE YEARS 7 ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE EVANGELICAL LUTHERAN GOOD S AMARITAN FOUNDATION WHO ARE MEMBERS OF A CHRISTIAN CHURCH

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD PRIOR TO ITS FILING THE ORGANIZATION' S OFFICERS AND MANAGEMENT WERE AN INTEGRAL PART OF THE PREPARATION OF THE FORM 990 THEREF ORE, THEY HAD AN ON-GOING REVIEW OF THE INFORMATION AS IT WAS PREPARED FOR THE RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS ALL POTENTIAL DIRECTOR CONFLICTS ARE INVESTIGATED BY THE SOCIETY'S CHIEF LEGAL OFFICER THE CHIEF LEGAL OFFICER REPORTS HIS FINDINGS TO THE BOARD CHAIR THE BOARD ULTIM ATELY DETERMINES WHETHER OR NOT AN ACTUAL CONFLICT OF INTEREST EXISTS AND THE REMEDIAL STE PS NECESSARY BASED UPON SUCH LEGAL OPINION THE SOCIETY HAS A CONFLICT OF INTEREST POLICY THAT COVERS SUBSTANTIALLY ALL EMPLOYEES ALL EMPLOYEES ARE REQUIRED TO REPORT ANY POTENTIA L CONFLICTS TO THE APPROPRIATE INDIVIDUAL AS INDICATED IN THE POLICY ALL POTENTIAL CONFLI CTS ARE INVESTIGATED TO DETERMINE IF A CONFLICT EXISTS IF APPROVAL IS GIVEN TO PROCEED WI TH THE ACTION, A COPY OF THE APPROVAL IS DOCUMENTED IN THE EMPLOYEE'S PERSONNEL FILE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SOCIETY'S CEO'S TOTAL COMPENSATION PLAN IS DETERMINED BY THE EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE (EECC) OF THE BOARD OF DIRECTORS AS PART OF THEIR RESPONSIBILITIES , THE EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE SHALL REVIEW AND DETERMINE THE ANNUA L BASE SALARY LEVEL, EMPLOYEE AGREEMENTS IF AND WHEN APPROPRIATE, FRINGE BENEFITS, ANY COM PENSATION INCENTIVES AND SUPPLEMENTAL BENEFITS (THE "COMPENSATION") FOR THE PRESIDENT/CEO THE COMMITTEE WILL USE BEST EFFORTS TO REVIEW AND DETERMINE THE COMPENSATION IN ACCORDANC E WITH THE IRS REBUTTABLE PRESUMPTION PROCEDURE UNDER IRC 4958 THE COMMITTEE INTENDS TO C OMPLY WITH THIS PROCEDURE BY MEETING THE THREE GENERAL REQUIREMENTS LISTED BELOW (1) THE COMPENSATION SHALL BE APPROVED IN ADVANCE BY THE COMMITTEE WITH NO COMMITTEE MEMBERS HAVIN G A CONFLICT OF INTEREST AS STATED UNDER IRC 4958 (2) THE DETERMINATION SHALL BE BASED UP ON COMPARABLE DATA OF SIMILARLY SITUATED POSITIONS WITH DATA PREFERABLY PROVIDED BY AN OUT SIDE COMPENSATION CONSULTANT (3) THE REVIEW AND DETERMINATION SHALL BE ADEQUATELY AND TIM ELY DOCUMENTED THE DOCUMENTATION SHALL BE IN SIMILAR FORM AND SUBSTANCE THE EECC ALSO EN GAGES AN EXTERNAL CONSULTANT, HAY GROUP, TO HELP DETERMINE THE COMPENSATION PACKAGE FOR TH E CEO THE EXTERNAL CONSULTANT IS ENGAGED AS NEEDED BUT AT LEAST EVERY FIVE YEARS SEE SCH EDULE J, PART 1, LINE 3 FOR ADDITIONAL DETAILS RELATED TO THE PRESIDENT/CEO POSITION THE SOCIETY'S EMPLOYEE COMPENSATION PLAN IS REVIEWED BY THE EXECUTIVE LEADERSHIP TEAM DURING THE REVIEW, THE COMPENSATION IS EVALUATED, UPDATED, AND RESET TO BE 100% COMPETITIVE AT TH E 50TH PERCENTILE OF THE NATIONAL LABOR MARKET UTILIZING A NATIONALLY RECOGNIZED DATABASE THE COMPENSATION PLAN INCLUDES ALL NATIONAL CAMPUS POSITIONS WITHIN THE SOCIETY, INCLUDIN G EXECUTIVE MANAGEMENT, KEY EMPLOYEES AND OFFICERS THIS EMPLOYEE COMPENSATION PLAN WAS RE VIEWED AND UPDATED BY HAY GROUP AS THE OUTSIDE CONSULTANT HAY GROUP PROVIDED A WRITTEN RE VIEW BASED UPON CURRENT MARKET CONDITIONS WHICH IS ON FILE COMPENSATION WAS REVIEWED IN 2 016 AND IMPLEMENTED IN 2017 FOR OTHER OFFICERS AND KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE SOCIETY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1B	EACH AND EVERY DAY THE SOCIETY'S TOP LOCAL LEADER POSITION AT ITS 200+ DECENTRALIZED LOCAT IONS CARRYOUT THE SOCIETY'S MISSION BY ASSURING CARE AND SERVICES ARE PROVIDED TO THOSE MO ST IN NEED IN ORDER FOR THE SOCIETY'S BOARD TO STAY CONNECTED WITH ITS MISSION AND TO ASS URE ALL STRATEGIES HAVE LOCAL LEADERSHIP INPUT, THE SOCIETY'S BYLAWS REQUIRE SIX BOARD MEM BERS TO BE SELECTED FROM THE LOCAL LEADERSHIP INDEPENDENT BOARD MEMBERS PERIODICALLY REVI EW THE BYLAWS FOR THE MAKEUP OF THE BOARD MEMBERS AND CONTINUE TO DETERMINE THAT IT IS EXT REMELY VALUABLE TO INCLUDE LOCAL LEADERSHIP BOARD REPRESENTATION TO PROVIDE THE INPUT FOR SETTING STRATEGIES FOR THE SOCIETY THE SEVENTH NON-INDEPENDENT BOARD MEMBER IS THE CEO OF THE SOCIETY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN NET ASSETS OF FOUNDATION 3,643,653 INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 247,000

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Employer identification number
45-0228055

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(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

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	(g) Section 512(b)(13) controlled entity? 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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of 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
See Additional Data Table									

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
AH GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108	SENIOR HOUSING	SD	0	0	TELGSS
GOOD SAMARITAN SOCIETY HCBS LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 36-4798232	SOLE MEMBER OF HOME AND COMMUNITY BASED SERVICES & HOSPICE LLC'S	SD	0	0	TELGSS
GOOD SAMARITAN SOCIETY HCBS-CHOICE LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0454108	PROVIDE HOME AND COMMUNITY BASED SERVICES	SD	2,036,569	0	GOOD SAMARITAN SOCIETY HCBS LLC
GOOD SAMARITAN SOCIETY HCBS-BJG LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 38-3945118	PROVIDE HOSPICE SERVICES	SD	2,023,153	0	GOOD SAMARITAN SOCIETY HCBS LLC
GOOD SAMARITAN SOCIETY HCBS-HERITAGE LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2545815	PROVIDE HOME AND COMMUNITY BASED SERVICES	SD	0	0	GOOD SAMARITAN SOCIETY HCBS LLC
BELINGTON GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 36-4831486	PROVIDE LOW INCOME SENIOR HOUSING	SD	0	0	TELGSS
MOUNT PLEASANT GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0493968	PROVIDE LOW INCOME SENIOR HOUSING	SD	2,456,496	6,036,727	TELGSS
GOOD SAMARITAN SOCIETY HCBS-TX LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 38-4044054	PROVIDE HOME AND COMMUNITY BASED SERVICES	ND	2,052,147	26,633,362	GOOD SAMARITAN SOCIETY HCBS LLC
GOOD SAMARITAN SOCIETY - BLACKDUCK 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 38-4043149	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - BRAINERD WOODLAND 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 61-1850522	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - ELLIS 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 37-1865727	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	ND	0	0	TELGSS
GOOD SAMARITAN SOCIETY - ELLSWORTH 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 30-0999423	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - HAYS 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 30-0998795	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	ND	0	0	TELGSS
GOOD SAMARITAN SOCIETY - JACKSON 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0537857	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - KANSAS 232 LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 38-4045295	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	ND	0	0	TELGSS
GOOD SAMARITAN SOCIETY - LUVERNE 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 38-4043091	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - MINNESOTA 232 LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 37-1863910	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 38-4042780	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - NEW HOPE 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2601141	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - PARSONS 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 30-0998861	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	ND	0	0	TELGSS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
GOOD SAMARITAN SOCIETY - PINE RIVER 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 61-1850808	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - ROBBINSDALE 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 37-1864766	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - ST JAMES 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0537451	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - ST PAUL 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0538548	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - WAMEGO 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 36-4874776	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY - WINDOM 232 PROPERTY LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 36-4872792	OWNER OF REAL PROPERTY AND ASSETS THAT PROVIDE SKILLED NURSING AND SENIOR HO	MN	0	0	TELGSS
GOOD SAMARITAN SOCIETY HCBS - SERVICESHOME LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2013106	PROVIDER OF PRIVATE DUTY SERVICES	ND	0	0	GOOD SAMARITAN SOCIETY HCBS - HERITAGE LLC
GOOD SAMARITAN SOCIETY MASTER TENANT 232 LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 61-1852721	MASTER TENANT FOR CERTAIN SKILLED NURSING AND SENIOR LIVING FACILITIES	ND	0	0	TELGSS
GOOD SAMARITAN SOCIETY RESEARCH INNOVATION AND BUSINESS DEVELOPMENT LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2584822	DEVELOPER OF INNOVATIVE PRODUCTS AND SERVICES FOR SENIORS	ND	0	0	TELGSS
NORTH SIOUX CITY GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 30-0968017	PROVIDER OF AFFORDABLE SENIOR HOUSING	SD	0	0	TELGSS

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
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0349951	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 36-3370371	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	PF	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0392944	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0323943	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0396355	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0396398	PROVIDE LOW INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0396332	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0422866	ASSIST TELGSS IN PROVIDING SENIOR CARE	MN	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0385187	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0421846	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	PF	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0434693	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0439509	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0439511	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 91-1751139	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 91-1751137	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0447338	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0456087	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-0461264	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 20-1115155	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 76-0789504	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 10	TELGSS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
4800 W 57TH ST SIOUX FALLS, SD 57108 20-4714415	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 20-4714573	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 20-4714647	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212446	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 75-2979560	OWNER OF GOOD SAMARITAN HERITAGE LLC	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 27-2876627	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 45-3946645	PROVIDE LOW INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 45-2473519	FUTURE GENERAL PARTNER OF LIHTC LIMITED PARTNERSHIP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 27-5114421	GENERAL PARTNER OF PRESCOTT GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-1495572	GENERAL PARTNER OF ADAMS COUNTY GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-1328052	GENERAL PARTNER OF INDIANOLA GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-1591360	GENERAL PARTNER OF WELD COUNTY GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-1579750	GENERAL PARTNER OF RAPID CITY GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 46-5740381	GENERAL PARTNER OF LILAC WAY GOOD SAMARITAN HOUSING, LP	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 37-1805492	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 38-3993597	PROVIDE LOW-INCOME SENIOR HOUSING	SD	501(C)(3)	LINE 12A, I	TELGSS	Yes	
4800 W 57TH ST SIOUX FALLS, SD 57108 36-4885253	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	501(C)(3)	LINE 10	TELGSS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212511	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
OLATHE GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 20-5297369	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
MILLARD GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-1212324	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
PRESCOTT GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 27-5115281	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
INDIANOLA GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 30-0755780	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
ADAMS COUNTY GOOD SAMARITAN HOUSINGS LP 4800 W 57TH ST SIOUX FALLS, SD 57108 38-3896526	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
RAPID CITY GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2466169	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0377442	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
RUTH STREET GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 61-1748321	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
TEXAS GOOD SAMARITAN HOUSING LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 37-1774574	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
HMS HERITAGE MANAGEMENT SERVICES LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 90-0915850	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	ALWAYS ABOVE AND BEYOND HOME HEALTH CARE SERVICES LLC	RELATED	-3,244			No			No	100 000 %
LILAC WAY GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 36-4786577	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
BELINGTON GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108 32-0493132	PROVIDE LOW INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A									
GOOD SAMARITAN INSURANCE PLAN LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 81-5051671	INSURANCE	DE	TELGSS	INVESTMENT	8,837	3,323,722		No			No	83 000 %
GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA 4800 W 57TH ST SIOUX FALLS, SD 57108 81-5020633	INSURANCE	ND	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OLDS HALL GOOD SAMARITAN HOUSING LIMITED PARTNERSHIP 4800 W 57TH ST SIOUX FALLS, SD 57108 35-2626242	SENIOR HOUSING	SD	N/A									
ROSEVILLE GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108	SENIOR HOUSING	SD	N/A									
WELD COUNTY GOOD SAMARITAN HOUSING LP 4800 W 57TH ST SIOUX FALLS, SD 57108	SENIOR HOUSING	SD	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
GOOD SAMARITAN SOCIETY INSURANCE LTD PO BOX 69 GT CJ 98-0379099	INSURANCE	CJ	N/A	C					No
GOOD SAMARITAN HUMANITARIAN SERVICES INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-5533741	MANAGEMENT SERVICES, UNBUNDLED SERVICES, UNRELATED BUSINESS ACTIVITIES	SD	N/A	C					No
ROSEVILLE GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108	PROVIDE LOW-INCOME HOUSING TO ELDERLY AND DISABLED PERSONS	SD	N/A	C					No
ANGELS IN WAITING HOSPICE LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 03-0597309	HOME AND COMMUNITY BASED SERVICES	TX	TELGSS	S	793,335		100 000 %		No
JJEA LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 77-0713538	HOME AND COMMUNITY BASED SERVICES	TX	TELGSS	S	1,749,141		100 000 %		No
ALWAYS ABOVE & BEYOND HOME HEALTH CARE SERVICES LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 26-3456679	HOME AND COMMUNITY BASED SERVICES	TX	TELGSS	S	7,170,357		100 000 %		No
HERITAGE HEALTHCARE SERVICES INC 4800 W 57TH ST SIOUX FALLS, SD 57108 85-0418562	HOME AND COMMUNITY BASED SERVICES	NM	TELGSS	S	-2,455,433	47,084,027	100 000 %		No
HERITAGE HOME HEALTHCARE & HOSPICE INC 4800 W 57TH ST SIOUX FALLS, SD 57108 85-0463468	HOME AND COMMUNITY BASED SERVICES	NM	TELGSS	S			100 000 %		No
HERITAGE HOME HEALTHCARE OF ARIZONA INC 4800 W 57TH ST SIOUX FALLS, SD 57108 20-4243949	HOME AND COMMUNITY BASED SERVICES	NM	TELGSS	S			100 000 %		No
HERITAGE HOME HEALTHCARE SERVICES INC 4800 W 57TH ST SIOUX FALLS, SD 57108 85-0463469	HOME AND COMMUNITY BASED SERVICES	NM	TELGSS	S			100 000 %		No
HERITAGE HEALTHCARE OF NORTHERN NEW MEXICO INC 4800 W 57TH ST SIOUX FALLS, SD 57108 90-0491537	HOME AND COMMUNITY BASED SERVICES	NM	TELGSS	S			100 000 %		No
MAROLAND LLC 4800 W 57TH ST SIOUX FALLS, SD 57108 85-0483676	HOME AND COMMUNITY BASED SERVICES	NM	TELGSS	C			100 000 %		No
GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA INC 4800 W 57TH ST SIOUX FALLS, SD 57108 81-5037667	INSURANCE	NE	N/A	C					No
GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA INC 4800 W 57TH ST SIOUX FALLS, SD 57108 81-4989242	INSURANCE	SD	N/A	C					No
OLDS HALL GOOD SAMARITAN HOUSING GP INC 4800 W 57TH ST SIOUX FALLS, SD 57108 61-1861635	LOW-INCOME SENIOR HOUSING	SD	N/A	C					No

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
PRESCOTT GOOD SAMARITAN HOUSING LP	A	1,434	FAIR MARKET VALUE
RAPID CITY GOOD SAMARITAN HOUSING LP	A	8,726	FAIR MARKET VALUE
LILAC WAY GOOD SAMARITAN HOUSING LP	A	19,464	FAIR MARKET VALUE
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP	A	95,466	FAIR MARKET VALUE
MILLARD GOOD SAMARITAN HOUSING LP	A	41,776	FAIR MARKET VALUE
ADAMS COUNTY GOOD SAMARITAN HOUSING LP	A	72,663	FAIR MARKET VALUE
OLATHE GOOD SAMARITAN HOUSING LP	L	91,527	FAIR MARKET VALUE
LOVINGTON GOOD SAMARITAN HOUSING INC	L	180,949	FAIR MARKET VALUE
ARLINGTON GOOD SAMARITAN HOUSING INC	L	376,964	FAIR MARKET VALUE
GOOD SAMARITAN SOCIETY INC	D	522,116	FAIR MARKET VALUE
PROPHETSTOWN GOOD SAMARITAN HOUSING INC	D	76,845	FAIR MARKET VALUE
INVER GROVE HEIGHTS GOOD SAMARITAN HOUSING INC	D	58,848	FAIR MARKET VALUE
KEARNEY GOOD SAMARITAN HOUSING INC	D	62,996	FAIR MARKET VALUE
RAPID CITY GOOD SAMARITAN HOUSING GP INC	D	271,371	FAIR MARKET VALUE
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING LP	D	102,410	FAIR MARKET VALUE
EL PASO GOOD SAMARITAN HOUSING INC	D	507,476	FAIR MARKET VALUE
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP	D	1,130,614	FAIR MARKET VALUE
ADAMS COUNTY GOOD SAMARITAN HOUSING LP	D	2,016,413	FAIR MARKET VALUE
ADAMS COUNTY GOOD SAMARITAN HOUSING LP	S	95,097	FAIR MARKET VALUE
RAPID CITY GOOD SAMARITAN HOUSING LP	S	2,496,990	FAIR MARKET VALUE
MILLARD GOOD SAMARITAN HOUSING LP	D	417,761	FAIR MARKET VALUE
RAPID CITY GOOD SAMARITAN HOUSING LP	D	838,188	FAIR MARKET VALUE
RAPID CITY GOOD SAMARITAN HOUSING LP	Q	73,251	FAIR MARKET VALUE
RAPID CITY GOOD SAMARITAN HOUSING GP INC	Q	73,800	FAIR MARKET VALUE
WINFIELD GOOD SAMARITAN HOUSING INC	Q	54,122	FAIR MARKET VALUE

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
ADAMS COUNTY GOOD SAMARITAN HOUSING LP	Q	54,281	FAIR MARKET VALUE
WISCONSIN GOOD SAMARITAN HOUSING INC	Q	72,034	FAIR MARKET VALUE
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING LP	Q	64,112	FAIR MARKET VALUE
BROOKINGS GOOD SAMARITAN HOUSING INC	Q	59,319	FAIR MARKET VALUE
SIOUX FALLS GOOD SAMARITAN HOUSING INC	Q	77,815	FAIR MARKET VALUE
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING GP INC	Q	80,201	FAIR MARKET VALUE
KEARNEY GOOD SAMARITAN HOUSING INC	Q	81,028	FAIR MARKET VALUE
EL PASO GOOD SAMARITAN SOCIETY INC	Q	89,576	FAIR MARKET VALUE
MILLARD GOOD SAMARITAN HOUSING GP INC	Q	88,800	FAIR MARKET VALUE
INVER GROVE HEIGHTS GOOD SAMARITAN HOUSING INC	Q	100,219	FAIR MARKET VALUE
SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING INC	Q	81,552	FAIR MARKET VALUE
JEFFERSONTOWN GOOD SAMARITAN HOUSING INC	Q	100,892	FAIR MARKET VALUE
GREELEY GOOD SAMARITAN SOCIETY INC	Q	83,155	FAIR MARKET VALUE
LILAC WAY GOOD SAMARITAN HOUSING LP	Q	80,931	FAIR MARKET VALUE
LILAC WAY GOOD SAMARITAN HOUSING GP INC	Q	143,319	FAIR MARKET VALUE
PRESCOTT GOOD SAMARITAN HOUSING GP INC	Q	153,286	FAIR MARKET VALUE
SIOUX FALLS 57 GOOD SAMARITAN HOUSING INC	Q	193,548	FAIR MARKET VALUE
ADAMS COUNTY GOOD SAMARITAN HOUSING GP INC	Q	201,419	FAIR MARKET VALUE
BOISE GOOD SAMARITAN HOUSING INC	Q	242,916	FAIR MARKET VALUE
LEA COUNTY GOOD SAMARITAN HOUSING INC	Q	275,776	FAIR MARKET VALUE
OLATHE GOOD SAMARITAN HOUSING INC	Q	369,196	FAIR MARKET VALUE
OLATHE GOOD SAMARITAN HOUSING LP	Q	450,736	FAIR MARKET VALUE
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING GP INC	Q	51,199	FAIR MARKET VALUE
GRANTS GOOD SAMARITAN HOUSING INC	Q	59,392	FAIR MARKET VALUE
GOOD SAMARITAN SOCIETY INC	Q	124,686	FAIR MARKET VALUE

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
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	B	4,283,333	FAIR MARKET VALUE
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	C	2,386,111	FAIR MARKET VALUE
GOOD SAMARITAN SOCIETY INUSRANCE LTD	M	11,588,056	FAIR MARKET VALUE
JJEA LLC	L	119,529	FAIR MARKET VALUE
HMS HERITAGE MANAGEMENT SERVICES LLC	L	137,177	FAIR MARKET VALUE
ANGELS IN WAITING HOSPICE LLC	Q	1,610,620	FAIR MARKET VALUE
JJEA LLC	Q	3,350,459	FAIR MARKET VALUE
HMS HERITAGE MANAGEMENT SERVICES LLC	Q	4,520,108	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE & HOSPICE INC	L	96,302	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE SERVICES INC	L	293,190	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE & HOSPICE INC	S	3,251,764	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE OF ARIZONA INC	S	518,837	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE SERVICES INC	S	10,363,631	FAIR MARKET VALUE
HERITAGE HEALTHCARE OF NORTHERN NEW MEXICO INC	S	1,321,771	FAIR MARKET VALUE
ANGELS IN WAITING HOPSICE LLC	S	1,090,000	FAIR MARKET VALUE
JJEA LLC	S	2,360,000	FAIR MARKET VALUE
HMS HERITAGE MANAGEMENT SERVICES LLC	S	2,346,000	FAIR MARKET VALUE
GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA INC	B	2,463,000	FAIR MARKET VALUE
GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA LLC	B	1,646,000	FAIR MARKET VALUE
GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA INC	B	1,237,500	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE & HOSPICE INC	Q	3,903,807	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE OF ARIZONA INC	Q	382,816	FAIR MARKET VALUE
HERITAGE HOME HEALTHCARE SERVICES INC	Q	13,515,234	FAIR MARKET VALUE
HERITAGE HEALTHCARE OF NORTHERN NEW MEXICO INC	Q	1,137,702	FAIR MARKET VALUE