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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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) PO BOX 5039 RTE 5218 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SIOUX FALLS, SD 571175039

D Employer identification number
45-0228055

E Telephone number
(605) 362-3100

G Gross receipts $ 1,153,513,361

F Name and address of principal officer:
RANDY BURY
4800 W 57TH ST
SIOUX FALLS, SD 57108

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:
DEDICATED TO SHARING GOD'S LOVE THROUGH THE WORK OF HEALTH, HEALING AND COMFORT.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	27,364
6	Total number of volunteers (estimate if necessary)	**6**	3,472
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-2,020,062
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,345,039	7,572,687
9	Program service revenue (Part VIII, line 2g)	975,042,383	931,240,540
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,289,664	11,436,779
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,175,724	14,148,138
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,046,852,810	964,398,144
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,650,181	1,428,847
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)	586,602,075	572,779,797
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,397,075		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	459,420,323	464,395,592
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,052,672,579	1,038,604,236
19	Revenue less expenses. Subtract line 18 from line 12	-5,819,769	-74,206,092

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,606,272,602	1,563,553,743
21	Total liabilities (Part X, line 26)	967,137,392	240,266,985
22	Net assets or fund balances. Subtract line 21 from line 20	639,135,210	1,323,286,758

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2020-11-10

BILL MARLETTE 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
				P01314196

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 50 S 6TH STREET MINNEAPOLIS, MN 55402 — Phone no. (612) 397-4000

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:

THE MISSION OF THE GOOD SAMARITAN SOCIETY - TO SHARE GOD'S LOVE THROUGH THE WORK OF HEALTH, HEALING AND COMFORT - IS A LOCAL MISSION. IT PLAYS OUT IN HUNDREDS OF HOMETOWNS ACROSS AMERICA EVERY DAY.

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 $ 702,851,030 including grants of $ 1,428,847) (Revenue $ 757,720,441)

See Additional Data

4b (Code:) (Expenses $ 98,145,035 including grants of $ 0) (Revenue $ 102,516,001)

See Additional Data

4c (Code:) (Expenses $ 75,121,837 including grants of $ 0) (Revenue $ 74,697,954)

See Additional Data

(Code:) (Expenses $ 168,960,933 including grants of $ 0) (Revenue $ 1,634,279)

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 SERVICED APPROXIMATELY 13,769 CLIENTS IN 2019. 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 1,158 PATIENTS IN 2019. 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 3,012 CLIENTS IN 2019. 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 $ 168,960,933 including grants of $ 0) (Revenue $ 1,634,279)

4e **Total program service expenses ▶** 1,045,078,835

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	2,171		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	27,364		
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**	Yes
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	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-A 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:
▶BILL MARLETTE CFO & TREASURER 2301 EAST 60TH STREET SIOUX FALLS, SD 57104 (605) 333-1000

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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								5,871,252	5,479,918	1,689,898

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 ▶ 190

			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**	Yes	
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 936653 ATLANTA, GA 311936653	THERAPY CONTRACT SERVICES	24,165,821
DOHN CONSTRUCTION INC 2642 MIDPOINT DR FORT COLLINS, CO 80525	GENERAL CONTRACTOR	3,590,007
BELFOR USA GROUP INC 185 OAKLAND AVE SUITE 150 BIRMINGHAM, MI 48009	GENERAL CONTRACTOR	1,021,520
CONVERGINT TECHNOLOGIES LLC 1651 WILKENING RD SCHAUMBURG, IL 60173	HEALTHCARE SECURITY	970,254
BUILDPRO 299 MARKET STSUITE 220 SADDLE BROOK, NJ 07663	GENERAL CONTRACTOR	750,886

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 ▶ 82

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	393,748			
	d Related organizations	1d	2,672,670			
	e Government grants (contributions)	1e	523,172			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,983,097			
	g Noncash contributions included in lines 1a - 1f: $	1g	144,162			
	h **Total.** Add lines 1a-1f		7,572,687			
Program Service Revenue		Business Code				
	2a LTC - ROOM REVENUE	623000	651,861,354	651,861,354		
	b LTC - THERAPY SERVICES	623000	167,422,382	167,422,382		
	c HCBS REVENUE	623000	51,365,922	51,365,922		
	d ANCILLARY & PHARMACY	623000	42,032,737			42,032,737
	e SURCHARGE	623000	6,874,413	6,874,413		
	f All other program service revenue.		11,683,732	11,683,732		
	g **Total.** Add lines 2a–2f.	931,240,540				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,553,898			5,553,898
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 4,738,276	74,525			
	b Less: rental expenses	6b 0	0			
	c Rental income or (loss)	6c 4,738,276	74,525			
	d Net rental income or (loss)		4,812,801	74,525		4,738,276
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 172,498,067	22,262,450			
	b Less: cost or other basis and sales expenses	7b 167,261,922	21,615,714			
	c Gain or (loss)	7c 5,236,145	646,736			
	d Net gain or (loss)		5,882,881			5,882,881
	8a Gross income from fundraising events (not including $ 393,748 of contributions reported on line 1c). See Part IV, line 18	8a 75,285				
	b Less: direct expenses	8b 184,255				
	c Net income or (loss) from fundraising events		-108,970			-108,970
	9a Gross income from gaming activities. See Part IV, line 19	9a 10,332				
	b Less: direct expenses	9b 53,326				
	c Net income or (loss) from gaming activities		-42,994			-42,994
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATIVE SERVICE	561000	5,253,610	3,528,363	1,725,247	
	b CAFETERIA/VENDING	722514	3,222,704			3,222,704
	c EMPLOYEE & GUEST MEALS	722514	1,008,739		331,782	676,957
	d All other revenue		2,248		-4,077,091	4,079,339
	e **Total.** Add lines 11a–11d		9,487,301			
	12 **Total revenue.** See instructions		964,398,144	892,810,691	-2,020,062	66,034,828

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	740,374	740,374		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	663,009	663,009		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	25,464	25,464		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,086,735	1,038,198	45,996	2,541
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,642,365	3,479,685	154,162	8,518
7 Other salaries and wages	469,204,163	448,248,013	19,858,915	1,097,235
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,919,978	8,332,101	518,980	68,897
9 Other employee benefits	47,315,511	42,231,347	5,079,007	5,157
10 Payroll taxes	42,611,045	43,974,565	-1,528,389	164,869
11 Fees for services (non-employees):				
a Management	43,587	43,587		
b Legal	834,482	552,567	281,915	
c Accounting	636,410	211,498	424,912	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	144,165		144,165	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	99,251,387	92,591,928	6,659,607	-148
12 Advertising and promotion	7,117,200	3,937,777	3,174,912	4,511
13 Office expenses	8,234,796	7,249,250	983,343	2,203
14 Information technology	6,001,114	1,418,221	4,582,893	
15 Royalties				
16 Occupancy	41,033,418	41,043,149	-9,731	
17 Travel	6,862,173	6,613,522	247,945	706
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,935,363	1,895,385	39,270	708
20 Interest	23,129,517	23,129,517		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,189,669	70,189,557	112	
23 Insurance	11,471,168	7,379,846	4,091,322	
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 LOSS ON EXTINGUISHMENT	76,423,055	76,423,055		
b MEDICAL SUPPLIES	72,594,975	71,457,112	1,104,747	33,116
c MINNESOTA CARE TAX	15,635,220	15,635,220		
d UNCOLLECTIBLE EXPENSE	8,556,787	8,151,984	404,803	
e All other expenses	14,301,106	68,422,904	-54,130,560	8,762
25 **Total functional expenses.** Add lines 1 through 24e	1,038,604,236	1,045,078,835	-7,871,674	1,397,075
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		16,648,006	1	69,969,817
	2	Savings and temporary cash investments		714,950	2	669,146
	3	Pledges and grants receivable, net		299,483	3	
	4	Accounts receivable, net		93,256,745	4	88,088,081
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		12,978,261	7	12,830,247
	8	Inventories for sale or use		3,034,814	8	2,764,580
	9	Prepaid expenses and deferred charges		4,528,932	9	2,413,448
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,268,346,401			
	b	Less: accumulated depreciation	10b 1,128,391,752	985,507,068	10c	1,139,954,649
	11	Investments—publicly traded securities		370,839,415	11	214,234,968
	12	Investments—other securities. See Part IV, line 11		3,822,994	12	
	13	Investments—program-related. See Part IV, line 11		98,541,787	13	4,986,807
	14	Intangible assets		13,054,457	14	27,642,000
	15	Other assets. See Part IV, line 11		3,045,690	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,606,272,602	16	1,563,553,743
Liabilities	17	Accounts payable and accrued expenses		107,136,477	17	85,485,387
	18	Grants payable			18	
	19	Deferred revenue		4,671,110	19	4,950,078
	20	Tax-exempt bond liabilities		427,611,292	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		122,435,662	21	143,144,785
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		235,108,801	23	-9,989
	24	Unsecured notes and loans payable to unrelated third parties		530,206	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		69,643,844	25	6,696,724
	26	**Total liabilities.** Add lines 17 through 25		967,137,392	26	240,266,985
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		599,767,518	27	1,323,049,860
	28	Net assets with donor restrictions		39,367,692	28	236,898
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		639,135,210	32	1,323,286,758
	33	Total liabilities and net assets/fund balances		1,606,272,602	33	1,563,553,743

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	964,398,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,038,604,236
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,206,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	639,135,210
5	Net unrealized gains (losses) on investments	5	8,881,139
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	749,476,501
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,323,286,758

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990, Part III, Line 4a:

SKILLED NURSING SERVICES - REHABILITATION/SKILLED NURSING SERVICES HAVE BEEN AT THE CORE OF THE SOCIETY'S SERVICES OVER ITS 97-YEAR HISTORY. THE SOCIETY APPROACHES 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.STATISTALLY, THE SOCIETY PROVIDED A TOTAL OF 2,577,457 SKILLED NURSING HOME DAYS OF CARE AND SERVICE IN 2019. THE SOCIETY CONTINUES TO REINVEST MUCH OF ITS REVENUE TO BUILD AND REVITALIZE ITS FACILITIES ON CAMPUSES THROUGHOUT THE COUNTRY.

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 THIS CORPORATE STRATEGIC PLANNING.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 2019, THE SOCIETY PROVIDED 1,780,909 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			
DALE THOMPSON CHAIRPERSON	3.30 0.10	X		X				0	0	0
ALAN GARD VICE CHAIRPERSON	3.30 0.10	X		X				0	0	0
GWEN HALAAS UNTIL 619 VICE CHAIRPERSON	3.30 0.10	X		X				0	0	0
DAVID AUSTAD DIRECTOR	3.30 0.10	X						0	0	0
REBECCA BOLLIG UNTIL 1219 DIRECTOR	50.00 0.10	X						118,995	0	22,283
DAVID BRECHTELSBAUER BEG 619 DIRECTOR	3.30 0.10	X						0	0	0
NORVAL BUCKNEBERG DIRECTOR	3.30 0.10	X						0	0	0
PATRICIA CAMERO DIRECTOR	50.00 0.10	X						148,808	0	15,282
JAVIER ESPINOSA DIRECTOR	50.00 0.10	X						104,173	0	13,079
MARNIE HERRMANN BEG 619 DIRECTOR	3.30 0.10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELBY KRABBENHOFT DIRECTOR	3.30 56.70	X						0	3,088,308	14,171
KELBY KRABBENHOFT DEF COMP DIRECTOR	3.30 56.70	X						0	0	1,081,296
HEATHER KRZMARZICK UNTIL 1119 DIRECTOR	50.00 0.10	X						136,824	0	17,138
LEE LAAVEG UNTIL 619 DIRECTOR	3.30 0.10	X						0	0	0
LISA MELBY DIRECTOR	50.00 0.10	X						141,237	0	8,065
SCOTT PETERSEN DIRECTOR	3.30 0.10	X						0	0	0
TIMOTHY PHILLIPPE UNTIL 319 DIRECTOR	3.30 0.10	X						0	0	0
JOHN RACEK UNTIL 619 DIRECTOR	3.30 0.10	X						0	0	0
DINA ROBINSON UNTIL 1119 DIRECTOR	50.00 0.10	X						120,270	0	16,177
DARRELL SCHMITH BEG 619 DIRECTOR	3.30 0.10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JILL SCHUMANN DIRECTOR	3.30 0.10	X						0	0	0
ERIC VANDEN HULL VICE PRESIDENT - FINANCE	50.00 5.00			X				0	447,915	29,711
RANDY BURY PRESIDENT & CEO	58.10 1.90			X				0	1,145,407	110,405
NATHAN SCHEMA BEG 619 VICE PRESIDENT - OPERATIONS	54.90 0.10				X			199,828	0	24,576
RUSTAN WILLIAMS VICE PRESIDENT - 1ST	55.00 0.00					X		436,898	0	26,065
VICTORIA WALKER CHIEF MEDICAL OFFICER	55.00 0.00					X		268,099	0	25,245
JULIE RIEKEN STAFF NURSE-RN	99.04 0.00					X		264,021	0	13,717
DONALD THOMPSON REGIONAL VICE PRESIDENT	55.00 0.00					X		319,291	0	11,417
TERRY PARKER MANAGER, NATIONAL AH PROPERTIES	55.00 0.00					X		223,084	0	8,630
DAVID J HORAZDOVSKY FORMER OFFICER & CEO	54.96 0.04						X	312,166	798,288	31,548

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 FORMER OFFICER EXEC VP	53.40 1.60						X	392,441	0	20,752
THOMAS SYVERSON FORMER OFFICER EXEC VP	53.12 1.88						X	341,279	0	29,960
THOMAS KAPUSTA FORMER OFFICER SECRETARY (THRU 1/19)	58.83 1.17						X	737,181	0	19,549
JAN RITTER FORMER KEY EMPLOYEE VP - HR	55.00 0.00						X	270,130	0	26,571
LINDA STUDER FORMER KEY EMPLOYEE VP - OPERATIONS	55.00 0.00						X	256,294	0	17,704
DUSTIN SCHOLZ FORMER KEY EMPLOYEE REGIONAL VP	55.00 0.00						X	158,360	0	20,854
SUSAN RAPER FORMER KEY EMPLOYEE REGIONAL VP	55.00 0.00						X	365,920	0	21,741
JAMES DROPPERS FORMER KEY EMPLOYEE REGIONAL VP	54.90 0.10						X	178,486	0	20,000
DAN HAMES FORMER KEY EMPLOYEE REGIONAL VP	55.00 0.00						X	171,906	0	22,887
KIMBERLY JOHANSEN FORMER HIGH COMP VP HOME COMM SVCS	55.00 0.00						X	205,561	0	21,075

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	10,478,332	14,047,566	13,962,657	13,345,039	7,572,687	59,406,281
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	958,776,405	983,921,587	978,517,457	975,042,383	833,953,581	4,730,211,413
3 Gross receipts from activities that are not an unrelated trade or business under section 513	363,494	351,192	313,503	309,104	10,332	1,347,625
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	969,618,231	998,320,345	992,793,617	988,696,526	841,536,600	4,790,965,319
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,432,420	2,062,341	2,386,111	2,189,986	2,672,670	11,743,528
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. .	2,432,420	2,062,341	2,386,111	2,189,986	2,672,670	11,743,528
8 **Public support.** (Subtract line 7c from line 6.)						4,779,221,791

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	969,618,231	998,320,345	992,793,617	988,696,526	841,536,600	4,790,965,319
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	7,892,300	12,386,594	12,536,105	11,331,116	107,653,658	151,799,773
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	7,892,300	12,386,594	12,536,105	11,331,116	107,653,658	151,799,773
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.) . .	7,220,485	13,559,113	13,318,418	6,950,594	11,582,648	52,631,258
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	984,731,016	1,024,266,052	1,018,648,140	1,006,978,236	960,772,906	4,995,396,350

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 2019 (line 8, column (f) divided by line 13, column (f))	15	95.670 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	97.920 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	3.040 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	1.060 %

19a **33 1/3% support tests—2019.** 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—2018.** 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 OTHER REVENUE EMPLOYEE GUEST MEALS CAFETERIA/VENDING

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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.		

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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		65,865
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		398,152
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			464,017
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 2% 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 7/25/06, 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	1,951,000	2,265,000	2,406,000	2,388,000	2,289,000
b Contributions		43,000		16,000	-1,000
c Net investment earnings, gains, and losses		-236,000	205,000	26,000	181,000
d Grants or scholarships					
e Other expenditures for facilities and programs	1,795,375	121,000	346,000	24,000	81,000
f Administrative expenses					
g End of year balance	155,625	1,951,000	2,265,000	2,406,000	2,388,000

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100.000 %
- c Temporarily restricted endowment ▶ 0 %

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		141,697,370		141,697,370
b Buildings		1,674,947,287	837,044,565	837,902,722
c Leasehold improvements		113,439,895	69,638,058	43,801,837
d Equipment		286,563,176	221,709,129	64,854,047
e Other		51,698,673		51,698,673
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,139,954,649

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	6,696,724

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 SOC IETY (SOCIETY) PROVIDES RESIDENT TRUST ACCOUNT (RTA) SERVICES FOR RESIDENTS. THESE RTA FUN DS 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 AN D 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, GUARDI AN, 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 AGENCI ES GUIDELINES ARE REVIEWED TO ENSURE THESE RTA FUNDS ARE MANAGED APPROPRIATELY. THE SOCIET Y 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 REFUNDABL E PORTIONS UP TO 100% OF THESE ENTRANCE FEES. THE REFUNDABLE PORTIONS OF THE HOUSING ENTRA NCE 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 AM ORTIZED 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.

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:	CERTAIN CONTROLLED CORPORATIONS ARE SUBJECT TO INCOME TAXES. DEFERRED INCOME TAX ASSETS AN D LIABILITIES ARE RECOGNIZED FOR THE DIFFERENCES BETWEEN THE FINANCIAL AND INCOME TAX REPO RTING BASIS OF ASSETS AND LIABILITIES BASED ON ENACTED TAX RATES AND LAWS. A TAX BENEFIT F ROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE P OSITION WILL BE SUSTAINED UPON EXAMINATION. THE DEFERRED INCOME TAX PROVISION OR BENEFIT G ENERALLY REFLECTS THE NET CHANGE IN DEFERRED INCOME TAX ASSETS AND LIABILITIES DURING THE YEAR. THE CURRENT INCOME TAX PROVISIONS REFLECTS THE TAX CONSEQUENCES OF REVENUES AND EXPE NSES CURRENTLY TAXABLE OR DEDUCTIBLE ON VARIOUS INCOME TAX RETURNS FOR THE YEAR REPORTED. THE SOCIETY DID NOT AN INCOME TAX LIABILITY AT DECEMBER 31, 2019; HOWEVER, SOME RELATED OR GANIZATIONS HAVE ESTABLISHED RESERVES.

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 the region	**(d)** Activities conducted in region (by type) (such as, 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 the region	**(f)** Total expenditures for and investments in the region
SOUTH AMERICA	0	0	GRANTS TO ORGANIZATION		25,464
3a Sub-total	0	0			25,464
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			25,464

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	OUR CONTRIBUTION TO THE EVANGELICAL LUTHERAN CHURCH IN COLUMBIA GOES TO SUPPORT THEIR WORK WITH ELDERS IN TWO LOCATIONS - SOACHA AND TUNJA. SPECIFICALLY, OUR CONTRIBUTIONS HELPS PROVIDE SHELTER, FOOD AND SOCIAL SERVICES FOR ABOUT 50 ELDERS IN SOACHA AND 30 ELSERS IN TUNJA.	25,464	WIRE TRANSFERS	0		

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't 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.

990 Schedule F, Supplemental 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 10 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
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 BRAINERD BETHANY BOWL FUNDRAISER (event type)	(b) Event #2 GRAND SCANDIA GOLF BENEFIT (event type)	(c) Other events 98 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	54,246	48,280	366,507	469,033
	2 Less: Contributions	54,246	35,369	304,133	393,748
	3 Gross income (line 1 minus line 2)		12,911	62,374	75,285
Direct Expenses	4 Cash prizes		250		250
	5 Noncash prizes	741	1,220		1,961
	6 Rent/facility costs	6,019	4,709		10,728
	7 Food and beverages	210	4,244		4,454
	8 Entertainment	650			650
	9 Other direct expenses	7,782	180	158,250	166,212
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				184,255
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-108,970

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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**	%
b	An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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 ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ 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

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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 . . . . . ▶ 3

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	439	663,009			
(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 III, COLUMN A:	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 EXPENSE, THE SOCIETY REQUIRES RECEIPT OF PAYMENT BEFORE REIMBURSEMENT IS MADE TO THE EMPLOYEE.
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.
PART II, LINE 1, COLUMN (H):	NAME OF ORGANIZATION OR GOVERNMENT: WORLD MISSION PRAYER LEAGUE (H) PURPOSE OF GRANT OR ASSISTANCE: 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. NAME OF ORGANIZATION OR GOVERNMENT: TEAM (H) PURPOSE OF GRANT OR ASSISTANCE: 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.

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
SIOUX EMPIRE UNITED WAY 1000 N WEST AVE 120 SIOUX FALLS, SD 57104	46-0233701	501(C)(3)	40,568				PROVIDING FUNDS TO HELP CHILDREN, VULNERABLE ADULTS, AND PEOPE IN CRISIS.
WORLD MISSION PRAYER LEAGUE 232 CLIFTON AVE MINNEAPOLIS, MN 55403	41-0786986	501(C)(3)	15,018				MISSIONARY WORK OF PROVIDING FUNDS TO SUPPORT LAMB HOSPITAL IN BANGLADESH.

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
TEAM PO BOX 1986 GRAPEVINE, TX 760991986	36-2169146	501(C)(3)	14,641				MISSIONARY WORK OF PROVIDING FUNDS TO SUPPORT KARANDA MISSION HOSPITAL IN ZIMBABWE.

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Schedule J (Form 990)

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	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**	Yes	
	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, LINE 1A	FIRST CLASS OR CHARTER TRAVEL - FIRST CLASS TRAVEL OR CHARTER TRAVEL IS PROVIDED FOR INDIVIDUALS AS NEEDED AND AS COST APPROPRIATE, IN ACCORDANCE WITH WRITTEN POLICIES. THESE COSTS ARE NOT INCLUDED IN THE W-2'S OF THE INDIVIDUALS AS THEY ARE INCURRED FOR BUSINESS PURPOSES OF THE SOCIETY.
PART I, LINES 4A-C	PART I, LINE 4A: THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SEVERANCE ARRANGEMENT AND RECEIVED PAYMENTS DURING THE YEAR: THOMAS KAPUSTA $687,287 TERRY PARKER $126,930 BERGEN PETERSON $378,425 SUSAN RAPER $198,686 DONALD THOMPSON $163,211 RUSTAN WILLIAMS $320,766 PART I, LINE 4B: CERTAIN EXECUTIVES PARTICIPATE IN A DEFINED CONTRIBUTION SERP PLAN. PART I, LINE 4C: CERTAIN EXECUTIVES PARTICIPATE IN A KEYSOP PLAN.

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				
1PATRICIA CAMERO DIRECTOR	(i)	146,122	1,894	792	0	15,282	164,090	0
	(ii)	0	0	0	0	0	0	0
1KELBY KRABBENHOFT DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	2,606,133	402,500	79,675	0	14,171	3,102,479	0
2 KELBY KRABBENHOFT DEF COMP DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	1,081,296	0	1,081,296	0
3 HEATHER KRZMARZICK UNTIL 1119 DIRECTOR	(i)	135,108	1,608	108	0	17,138	153,962	0
	(ii)	0	0	0	0	0	0	0
4ERIC VANDEN HULL VICE PRESIDENT - FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	350,348	50,300	47,267	0	29,711	477,626	0
5RANDY BURY PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	857,021	128,500	159,886	103,080	7,325	1,255,812	0
6NATHAN SCHEMA BEG 619 VICE PRESIDENT - OPERATIONS	(i)	182,843	16,877	108	0	24,576	224,404	0
	(ii)	0	0	0	0	0	0	0
7RUSTAN WILLIAMS VICE PRESIDENT - 1ST	(i)	114,973	917	321,008	0	26,065	462,963	0
	(ii)	0	0	0	0	0	0	0
8VICTORIA WALKER CHIEF MEDICAL OFFICER	(i)	264,879	3,040	180	0	25,245	293,344	0
	(ii)	0	0	0	0	0	0	0
9JULIE RIEKEN STAFF NURSE-RN	(i)	73,755	16,894	173,372	0	13,717	277,738	0
	(ii)	0	0	0	0	0	0	0
10DONALD THOMPSON REGIONAL VICE PRESIDENT	(i)	153,964	1,415	163,912	0	11,417	330,708	0
	(ii)	0	0	0	0	0	0	0
11TERRY PARKER MANAGER, NATIONAL AH PROPERTIES	(i)	95,157	909	127,018	0	8,630	231,714	0
	(ii)	0	0	0	0	0	0	0
12DAVID J HORAZDOVSKY FORMER OFFICER & CEO	(i)	309,576	2,346	244	0	20,545	332,711	0
	(ii)	578,499	107,500	112,289	0	11,003	809,291	0
13BERGEN J PETERSON FORMER OFFICER EXEC VP	(i)	13,556	379	378,506	0	20,752	413,193	0
	(ii)	0	0	0	0	0	0	0
14THOMAS SYVERSON FORMER OFFICER EXEC VP	(i)	337,055	3,642	582	0	29,960	371,239	0
	(ii)	0	0	0	0	0	0	0
15THOMAS KAPUSTA FORMER OFFICER SECRETARY (THRU 1/19)	(i)	49,381	365	687,435	0	19,549	756,730	0
	(ii)	0	0	0	0	0	0	0
16JAN RITTER FORMER KEY EMPLOYEE VP - HR	(i)	228,197	37,662	4,271	0	26,571	296,701	0
	(ii)	0	0	0	0	0	0	0
17LINDA STUDER FORMER KEY EMPLOYEE VP - OPERATIONS	(i)	252,856	2,902	536	0	17,704	273,998	0
	(ii)	0	0	0	0	0	0	0
18DUSTIN SCHOLZ FORMER KEY EMPLOYEE REGIONAL VP	(i)	156,383	1,857	120	0	20,854	179,214	0
	(ii)	0	0	0	0	0	0	0
19SUSAN RAPER FORMER KEY EMPLOYEE REGIONAL VP	(i)	164,477	1,435	200,008	0	21,741	387,661	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				
21JAMES DROPPERS FORMER KEY EMPLOYEE REGIONAL VP	(i)	176,302	1,581	603	0	20,000	198,486	0
	(ii)	0	0	0	0	0	0	0
1DAN HAMES FORMER KEY EMPLOYEE REGIONAL VP	(i)	169,616	2,014	276	0	22,887	194,793	0
	(ii)	0	0	0	0	0	0	0
2KIMBERLY JOHANSEN FORMER HIGH COMP VP HOME COMM SVCS	(i)	202,226	2,493	842	0	21,075	226,636	0
	(ii)	0	0	0	0	0	0	0

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 section 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 the 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 JAMES DROPPERS, FORMER KEY EMPLOYEE	62,904	COMPENSATION		No
(1) BREANNA GOEMBEL	FAMILY RELATIONSHIP - DAUGHTER OF LINDA STUDER, FORMER KEY EMPLOYEE	63,436	COMPENSATION		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, FORMER KEY EMPLOYEE	71,384	COMPENSATION		No
(1) KELLIE SCHOLZ	FAMILY RELATIONSHIP - WIFE OF DUSTIN SCHOLZ, FORMER KEY EMPLOYEE	63,396	COMPENSATION		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) ROGER SCHOLZ	FAMILY RELATIONSHIP - FATHER OF DUSTIN SCHOLZ, FORMER KEY EMPLOYEE	29,960	COMPENSATION		No
(1) MARY ELLEN SCHOLZ	FAMILY RELATIONSHIP - MOTHER OF DUSTIN SCHOLZ, FORMER KEY EMPLOYEE	24,594	COMPENSATION		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) JACOB STUDER	FAMILY RELATIONSHIP - SON OF LINDA STUDER, FORMER KEY EMPLOYEE	64,931	COMPENSATION		No
(1) KATHERYN STUDER	FAMILY RELATIONSHIP - DAUGHTER-IN-LAW TO LINDA STUDER, FORMER KEY EMPLOYEE	33,130	COMPENSATION		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) CLAUDIA ESPINOSA	FAMILY RELATIONSHIP - WIFE OF JAVIER ESPINOSA, DIRECTOR	52,190	COMPENSATION		No
(1) NATALIA ESPINOSA	FAMILY RELATIONSHIP - DAUGHTER OF JAVIER ESPINOSA, DIRECTOR	35,691	COMPENSATION		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) GREG KRZMARZICK	FAMILY RELATIONSHIP - HUSBAND OF HEATHER KRZMARZICK, DIRECTOR	125,813	COMPENSATION		No
(1) CANDICE MEIER	FAMILY RELATIONSHIP - DAUGHTER OF DINA ROBINSON, DIRECTOR	31,397	COMPENSATION		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) CHELSI TEEL	FAMILY RELATIONSHIP - DAUGHTER OF DINA ROBINSON, DIRECTOR	32,717	COMPENSATION		No
(1) CASSIDY THOMPSON	FAMILY RELATIONSHIP - DAUGHTER OF DINA ROBINSON, DIRECTOR	11,512	COMPENSATION		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**
(15) GREG WILCOX	FAMILY RELATIONSHIP - GRANDSON OF FOUNDER	136,621	COMPENSATION		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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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	5	5,178	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		1,338	FAIR MARKET VALUE
5	Clothing and household goods	X		5,792	FAIR MARKET VALUE
6	Cars and other vehicles	X	2	17,577	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
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	42	7,552	FAIR MARKET VALUE
20	Drugs and medical supplies	X	1	86	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MISCELLANEOUS)	X	280	73,646	FAIR MARKET VALUE
26	Other ▶ (MOBILE HOME)	X	1	25,000	FAIR MARKET VALUE
27	Other ▶ (EQUIPMENT)	X	11	7,993	FAIR MARKET VALUE
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
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 isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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 VI, SECTION A, LINE 2	THE FOLLOWING OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE EMPLOYEES OF THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY, AND ITS RELATED ORGANIZATIONS. MANY OF THESE EMPLOYEES AL SO SERVE ON OTHER RELATED ORGANIZATION BOARDS OR HAVE BUSINESS RELATIONSHIPS WITH EACH OTH ER THAT SPAN THE ORGANIZATION AS A WHOLE: REBECCA BOLLIG, PATRICIA CAMERO, JAVIER ESPINOSA , KELBY KRABBENHOFT, HEATHER KRZMARZICK, LISA MELBY, DINA ROBINSON, NATHAN SCHEMA, ERIC VA NDEN HULL AND RANDY BURY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE SOCIETY CHANGED THEIR ARTICLES OF INCORPORATION TO ALLOW FOR TWO MEMBERSHIP CLASSES, I NCLUDING SANFORD AS THE CLASS A MEMBER. BYLAW CHANGES INCLUDED REDUCED BOARD SIZE, REVISED APPOINTMENT PROCESS FOR THE SOCIETY BOARD OF DIRECTORS, RESERVED POWERS TO SANFORD AND CH ANGES TO THE ROLE OF THE SOCIETY PRESIDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ON JANUARY 1, 2019, SANFORD BECAME THE CLASS A CORPORATE MEMBER OF THE EVANGELICAL LUTHERA N GOOD SAMARITAN SOCIETY. AT THAT TIME, THE EXISTING MEMBERSHIP OF THE EVANGELICAL LUTHERA N GOOD SAMARITAN SOCIETY (THE "SOCIETY") BECAME THE CLASS B MEMBER THAT RETAINED THE ABILI TY TO RECOMMEND MEMBERS OF THE SOCIETY BOARD OF DIRECTORS FOR APPOINTMENT BY THE CLASS A C ORPORATE MEMBER, SANFORD. THE SOCIETY BOARD OF DIRECTORS ADMINISTERS THE AFFAIRS OF THE SO CIETY, INCLUDING BUDGET DEVELOPMENT AND PROVIDING ADVICE AND CONSENT TO SANFORD IN SELECTI NG AND EVALUATING THE SOCIETY PRESIDENT. SOME ACTIONS OF THE SOCIETY BOARD OF DIRECTORS RE QUIRE APPROVAL OF THE SANFORD BOARD OF TRUSTEES (SEE PART VI, LINE 7B).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SANFORD BOARD OF TRUSTEES APPOINTS THE BOARD MEMBERS FOR THE BOARD OF DIRECTORS OF THE SOCIETY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ACTIONS OF THE SOCIETY BOARD OF DIRECTORS MUST BE APPROVED BY THE SANFORD BO ARD OF TRUSTEES: (1) APPROVAL OF THE SOCIETY'S ANNUAL AND LONG-TERM STRATEGIC PLANS; (2) A PPROVAL OF THE SOCIETY'S ANNUAL OPERATING AND CAPITAL BUDGET AND FINANCIAL FORECAST; (3) M ERGER, CONSOLIDATION, DISSOLUTION, SALE OF SUBSTANTIALLY ALL OF SOCIETY'S ASSETS, OR ANY O F THE SAME ACTIONS WITH RESPECT TO ANY SOCIETY SUBSIDIARY TO THE EXTENT SUCH TRANSACTION W OULD REPRESENT SUBSTANTIALLY ALL OF THE SOCIETY'S ASSETS; (4) AMENDMENT, MODIFICATION OR T ERMINATION OF THE ARTICLES OF INCORPORATION OR BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED INTERNALLY BY THE TAX DEPARTMENT AND REVIEWED BY EXECUTIVE MANAGE MENT. AN EXTERNAL ACCOUNTING FIRM REVIEWS THE RETURN. BEFORE THE RETURN IS FILED, A COMPLE TE COPY IS PROVIDED TO THE CURRENT BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS IS MANAGED BY THE CHIEF COMPLIANCE OFFI CER (CCO). THE CCO IS RESPONSIBLE FOR ASSURING THAT ALL COMPLETED FORMS ARE RETURNED IN A TIMELY AND COMPLETE MANNER. CONFLICT OF INTEREST QUESTIONNAIRES ARE SENT TO THE SYSTEM TRU STEES, MEMBERS OF THE GOVERNING BOARDS OF SUBSIDIARY ENTITIES, OFFICERS, AND KEY EMPLOYEES FOR ALL ENTITIES SUBJECT TO THE IRS FORM 990 FILINGS. THE DISCLOSURES ARE SUMMARIZED FOR REVIEW BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, PURSUANT TO POLICY. THIS REVIE W ALLOWS: 1)THE BOARD TO ACQUIRE AN AWARENESS OF FINANCIAL RELATIONSHIPS OF BOARD MEMBERS AND KEY MANAGEMENT EMPLOYEES AND CAN INVOKE THE RECUSAL PROCESS ON A CASE BY CASE BASIS IF POTENTIAL CONFLICTS ARE IMPLICATED IN BOARD DECISIONS AND DELIBERATIONS, AND 2) GIVES THE BOARD THE OPPORTUNITY TO SEEK ADDITIONAL INFORMATION AND CLARIFICATION ABOUT DISCLOSURES TO DETERMINE POTENTIAL CONFLICTS OF INTEREST AND HOW TO MANAGE THEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SANFORD AS THE PARENT ORGANIZATION DOES HAVE A PROCESS FOR DETERMINING COMPENSATION OF THE PERSONS LISTED ON PART VII SECTION A, INCLUDING A REVIEW AND APPROVAL BY INDEPENDENT PERS ONS, REVIEW OF COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION A ND DECISION FOR SUCH COMPENSATION. THE EXECUTIVE COMPENSATION COMMITTEE OF THE SANFORD BOA RD OF TRUSTEES DIRECTLY ENGAGES A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTIN G FIRM ANNUALLY TO REVIEW THE TOTAL COMPENSATION ARRANGEMENTS OF THE OFFICERS AND EXECUTIV ES OF THE ORGANIZATION, INCLUDING THE CEO, AND TO REPORT THE FINDINGS TO THEM FOR DELIBERA TION AND ACTION. THE DELIBERATIONS AND ACTIONS ARE RECORDED IN THE MINUTES OF THE SANFORD BOARD OF TRUSTEES. THE MOST RECENT STUDY WAS COMPLETED IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALTHOUGH THE ORGANIZATION DOES NOT MAINTAIN A WEBSITE WHERE THE PUBLIC CAN ACCESS THESE DO CUMENTS, IT WOULD RESPOND INDIVIDUALLY TO ANY REQUESTS OR INQUIRIES FROM THE PUBLIC FOR TH ESE DOCUMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REFINANCE OF EXISTING DEBT 692,720,093. TRANSFER FROM RELATED TAX-EXEMPT ORG FOR PAYROLL A ND OPERATING EXPENSES 70,726,055. NET ASSETS RELEASED FOR PPE 3,850,872. PERM RESTRICTED N ET ASSET RECLASSES TO RELATED ENTITY -708,582. TEMP RESTRICTED NET ASSET RECLASSES TO RELA TED ENTITY -9,485,604. PERM RESTRICTED BENEFICIAL INTREST RECLASSES TO RELATED ENTITY -4,1 66,809. 2019 RESTRICTED ACTIVITY RECLASSED TO RELATED ENTITY -3,459,524.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE K	THE SOCIETY'S BONDS WERE ADVANCED REFUNDED IN JUNE 2019 WITH SANFORD'S BRIDGE LOAN TO PRES ERVE ACQUISITION FINANCING. IN NOVEMBER 2019, THE BRIDGE LOAN WAS REFINANCED WITH TAXABLE AND TAX-EXEMPT BONDS OF SANFORD (PARENT COMPANY).

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

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) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	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	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SANFORD HEALTH	S	70,726,053	COST
(2)THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	R	17,820,518	COST
(3)THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION	C	2,672,670	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-0228055

Name: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Form 990, Schedule R, Part 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 LTD PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039	SENIOR HOUSING	SD	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY HCBS LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4798232	SOLE MEMBER OF HOME AND COMMUNITY BASED SERVICES & HOSPICE LLC'S	SD	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY HCBS-CHOICE LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0454108	PROVIDE HOME AND COMMUNITY BASED SERVICES	SD	0	0	GOOD SAMARITAN SOCIETY HCBS LLC
GOOD SAMARITAN SOCIETY HCBS-BJG LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-3945118	PROVIDE HOSPICE SERVICES	SD	0	0	GOOD SAMARITAN SOCIETY HCBS LLC
GOOD SAMARITAN SOCIETY HCBS-HERITAGE LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 35-2545815	PROVIDE HOME AND COMMUNITY BASED SERVICES	SD	0	0	GOOD SAMARITAN SOCIETY HCBS LLC
BELINGTON GOOD SAMARITAN HOUSING LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4831486	PROVIDE LOW INCOME SENIOR HOUSING	SD	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
MOUNT PLEASANT GOOD SAMARITAN HOUSING LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0493968	PROVIDE LOW INCOME SENIOR HOUSING	SD	91,493	4,819,587	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY HCBS-TX LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-4044054	PROVIDE HOME AND COMMUNITY BASED SERVICES	ND	0	0	GOOD SAMARITAN SOCIETY HCBS LLC
GOOD SAMARITAN SOCIETY - BLACKDUCK 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-4043149	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - BRAINERD WOODLAND 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1850522	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - ELLIS 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1865727	PROVIDE SKILLED NURSING AND SENIOR HOUSING	ND	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - ELLSWORTH 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0999423	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - HAYS 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0998795	PROVIDE SKILLED NURSING AND SENIOR HOUSING	ND	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - JACKSON 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0537857	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - KANSAS 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-4045295	PROVIDE SKILLED NURSING AND SENIOR HOUSING	ND	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - LUVERNE 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-4043091	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - MINNESOTA 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1863910	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-4042780	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - NEW HOPE 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 35-2601141	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - PARSONS 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0998861	PROVIDE SKILLED NURSING AND SENIOR HOUSING	ND	0	0	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
GOOD SAMARITAN SOCIETY - PINE RIVER 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1850808	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - ROBBINSDALE 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1864766	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - ST JAMES 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0537451	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - ST PAUL 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0538548	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - WAMEGO 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4874776	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY - WINDOM 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4872792	PROVIDE SKILLED NURSING AND SENIOR HOUSING	MN	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAMARITAN SOCIETY HCBS - SERVICESHOME LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 35-2013106	PROVIDER OF PRIVATE DUTY SERVICES	ND	0	0	GOOD SAMARITAN SOCIETY HCBS - HERITAGE LLC
GOOD SAMARITAN SOCIETY MASTER TENANT 232 PROPERTY LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1852721	MASTER TENANT FOR CERTAIN SKILLED NURSING AND SENIOR LIVING FACILITIES	ND	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
GOOD SAM SOCIETY RESEARCH INNOVATION AND BUSINESS DEV LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 35-2584822	DEVELOPER OF INNOVATIVE PRODUCTS AND SERVICES FOR SENIORS	ND	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
NORTH SIOUX CITY GOOD SAMARITAN HOUSING LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0968017	PROVIDER OF AFFORDABLE SENIOR HOUSING	SD	-723	1,151,419	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
FARGO GOOD SAMARITAN HOUSING GP LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1902650	PROVIDER OF AFFORDABLE SENIOR HOUSING	SD	0	0	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
PENNINGTON COUNTY GOOD SAMARITAN HOUSING GP LLC PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1866334	PROVIDER OF AFFORDABLE SENIOR HOUSING	SD	-10	360,090	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-1218956	SUPPORTING ORGANIZATION	ND	501(C)(3)	12-II			No
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-3297853	FOUNDATION	SD	501(C)(3)	12-II	SANFORD HEALTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0344371	EMT	ND	501(C)(4)		SANFORD NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0398104	FOUNDATION	ND	501(C)(3)	7	SANFORD NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-3542187	FOUNDATION	ND	501(C)(3)	7	SANFORD HEALTH NETWORK NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0397196	FOUNDATION	ND	501(C)(3)	7	SANFORD BISMARCK	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0346132	INSURANCE	ND	501(C)(4)		SANFORD HEALTH PLAN	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 41-1761135	FOUNDATION	MN	501(C)(3)	7	SANFORD HEALTH NETWORK NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 41-1389317	FOUNDATION	MN	501(C)(3)	7	SANFORD HEALTH OF NORTHERN MINNESOTA	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1834045	LONG-TERM CARE, SENIOR LIVING, AND POST-ACUTE FACILITIES	ND	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1495572	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4714573	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1805492	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-3370371	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0439509	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0872973	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-2876627	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 75-2979560	DEVELOPMENT OF SENIOR HOUSING AND ASSISTED LIVING SERVICES	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0349951	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0439511	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	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
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0456087	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0434693	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-1212446	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4885253	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1328052	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 76-0789504	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0396355	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 91-1751137	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0421846	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-3946645	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4714415	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-5740381	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0392944	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0396332	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-3993597	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0396398	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-5114421	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0392943	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1579750	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4714647	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	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
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-2473519	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0385187	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0461264	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0422866	FOUNDATION	MN	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 91-1751139	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1591360	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-1115155	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0447338	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	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	
NATIONAL STUDENT HOUSING-SOUTH DAKOTA LLC 100 S PHILLIPS AVE SIOUX FALLS, SD 57104 20-2129839	INVESTMENT	SD	N/A									
RAC RENTALS LLC 100 S PHILLIPS AVE SIOUX FALLS, SD 57104 26-1961077	INVESTMENT	SD	N/A									
ADA COUNTY GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4799439	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
ADAMS COUNTY GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-3896526	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
BELINGTON GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0493132	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
COLLISTER DRIVE HOUSING LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1752929	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	N/A									
COLORADO GOOD SAMARITAN HOUSING GP LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-1164681	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	N/A									
FARGO GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-1141316	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-5020633	INSURANCE	ND	N/A									
GOOD SAMARITAN INSURANCE PLAN LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-5051671	INSURANCE	DE	N/A									
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-1212511	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
HMS HERITAGE MANAGEMENT SERVICES LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 90-0915850	PROVIDE HOME HEALTH SERVICES	TX	N/A									
INDIANOLA GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0755780	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
LILAC WAY GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4786577	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
MILLARD GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-1212324	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	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	
OLATHE GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-5297369	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
OLDS HALL GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 35-2626242	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
PENNINGTON COUNTY GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-4060178	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
PRESCOTT GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-5115281	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
RAPID CITY GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 35-2466169	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
ROSEVILLE GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
RUTH STREET GOOD SAMARITAN HOUSING LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1748321	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	N/A									
SIOUX FALLS DOWNTOWN GOOD SAMARITAN LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0377442	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A									
TEXAS GOOD SAMARITAN HOUSING LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1774574	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	N/A									
WELD COUNTY GOOD SAMARITAN HOUSING LP P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 32-0584614	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	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
SANFORD HOME MEDICAL EQUIPMENT INC 2710 W 12TH STREET SIOUX FALLS, SD 57105 46-0388597	HEALTHCARE EQUIPMENT	SD	N/A	C				Yes	
SANFORD HEALTH PLAN 300 CHERAPA PLACE SIOUX FALLS, SD 57103 91-1842494	INSURANCE	SD	N/A	C				Yes	
SANFORD HEALTH PLAN OF MN 300 CHERAPA PLACE SIOUX FALLS, SD 57103 46-0445852	INSURANCE	MN	N/A	C				Yes	
SANFORD FRONTIERS 1305 W 18TH STREET PO BOX 5039 SIOUX FALLS, SD 571175039 45-5436599	WEIGHT LOSS/FITNESS	SD	N/A	C				Yes	
SOB INC 2701 S MINNESOTA AVENUE SUITE 2 SIOUX FALLS, SD 57105 46-0442628	AIR TRANSPORTATION	SD	N/A	C				Yes	
SANFORD WORLD CLINICS - GHANA SARBAH ROAD TANTRI LORRY STATION CAPE COAST GH	HEALTHCARE	GH	N/A	C				Yes	
SHANGHAI SANFORD HEALTHCARE MANAGEMENT CONSULTING CO LTD 188 YESHENG ROAD ROOM A-862 GUOMA SHANGHAI CH	HEALTHCARE	CH	N/A	C				Yes	
SANFORD INTERNATIONAL - MUNICH GMBH NYMPHENBURGER STRASSE 3 MUNICH GM	HEALTHCARE	GM	N/A	C				Yes	
ALWAYS ABOVE AND BEYOND HOME HEALTH CARE SERVICES LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 26-3456679	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S				Yes	
ANGELS IN WAITING HOSPICE LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 03-0597309	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S				Yes	
GOOD SAMARITAN HUMANITARIAN SERVICE INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-5533741	MANAGEMENT AND UNBUNDLED SERVICES; UNRELATED BUSINESS ACTIVITIES	SD	N/A	C				Yes	
GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-5037667	INSURANCE	NE	N/A	C				Yes	
GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-4989242	INSURANCE	SD	N/A	C				Yes	
GOOD SAMARITAN SOCIETY INSURANCE LTD P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 98-0379099	INSURANCE	CJ	N/A	C				Yes	
HERITAGE HEALTHCARE OF NORTHERN NEW MEXICO INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 90-0491537	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S				Yes	

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

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								Yes	No
HERITAGE HEALTHCARE SERVICES INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 85-0418562	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S				Yes	
HERITAGE HOME HEALTHCARE & HOSPICE INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 85-0463468	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S				Yes	
HERITAGE HOME HEALTHCARE OF ARIZONA INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4243949	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S				Yes	
HERITAGE HOME HEALTHCARE SERVICES INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 85-0463469	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S				Yes	
JJEA LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 77-0713538	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S				Yes	
OLDS HALL GOOD SAMARITAN HOUSING GP INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 61-1861635	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	N/A	C				Yes	
ROSEVILLE GOOD SAMARITAN HOUSING GP INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	N/A	C				Yes	
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	

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

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								Yes	**No**
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	
								Yes	