

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](http://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: SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC  
 Doing business as: PROSPERA  
 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: 37-1834045  
**E** Telephone number: (605) 362-3100  
**G** Gross receipts \$ 50,033,524

**F** Name and address of principal officer:  
 NATHAN SCHEMA  
 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.PROSPERACARES.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶ LLC  
**L** Year of formation: 2016 **M** State of legal domicile: ND

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 OPERATE, FINANCE AND DEVELOP LONG-TERM CARE, SENIOR LIVING, AND POST-ACUTE FACILITIES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	3
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	1,079
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	99
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	110,070
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-35,642

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	41,574	34,851
<b>9</b> Program service revenue (Part VIII, line 2g)	48,864,912	49,814,860
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,826	-37,982
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	257,355	174,600
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,172,667	49,986,329
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,551,310	31,152,267
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,666,774	19,170,003
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	49,218,084	50,322,270
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-45,417	-335,941

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	50,831,919	42,246,559
<b>21</b> Total liabilities (Part X, line 26)	29,105,784	3,128,622
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,726,135	39,117,937

**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 <input type="checkbox"/> 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:

OPERATE, FINANCE AND DEVELOP LONG-TERM CARE, SENIOR LIVING, AND POST-ACUTE FACILITIES IN A MANNER CONSISTENT WITH THE MEMBERS' CHARITABLE PURPOSES.

**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 \$ 48,578,307 including grants of \$ 0 ) (Revenue \$ 49,814,860 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 48,578,307

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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	Yes	
<b>10</b>	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		No
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	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		No
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</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	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	Yes	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		No
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	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?		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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			
(1) NATHAN SCHEMA BEGIN 112019 CHAIRPERSON, PRESIDENT	0.10 54.90	X		X				0	199,828	24,576
(2) THOMAS SYVERSON THRU 102019 CHAIRPERSON, PRESIDENT	0.10 54.90	X		X				0	341,279	29,960
(3) CRAIG LAMBRECHT THRU 12019 VICE CHAIRPERSON, VICE PRESIDENT	0.10 59.90	X		X				0	265,501	12,022
(4) KIRK CHRISTY THRU 52019 DIRECTOR	0.10 54.90	X						0	382,130	21,025
(5) MICHAEL DEUTH BEGIN 112019 DIRECTOR	0.10 54.90	X						0	148,571	4,920
(6) JAMES DROPPERS 62019-102019 DIRECTOR	0.10 54.90	X						0	178,486	20,000
(7) CLINT GRAYBILL THRU 52019 DIRECTOR	0.10 54.90	X						0	296,958	19,085
(8) BERGEN PETERSON THRU 12019 DIRECTOR	0.10 54.90	X						0	392,441	20,752
(9) ERIC VANDEN HULL BEGIN 62019 DIRECTOR	0.10 54.90	X						0	447,915	29,711
(10) BILL MARLETTE TREASURER	0.10 59.90			X				0	1,391,177	1,355
(11) BILL MARLETTE DEF COMP TREASURER	0.10 59.90			X				0	0	221,323





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	34,851				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			34,851			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> HOUSING AND RESIDENT S . . . . .	623000	49,814,860	49,814,860			
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .		49,814,860					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		9,213			9,213	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	3,000				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>	0			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	3,000			
	<b>d</b> Net rental income or (loss) . . . . .			3,000		3,000	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		47,195		
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		-47,195		
	<b>d</b> Net gain or (loss) . . . . .			-47,195		-47,195	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> CAFETERIA/VENDING . . . . .	722514	155,732		110,070	45,662		
<b>b</b> EMPLOYEE MEALS . . . . .	721000	16,538			16,538		
<b>c</b> OTHER NON-OPERATING . . . . .	900099	-670			-670		
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		171,600					
<b>12 Total revenue.</b> See instructions . . . . .		49,986,329	49,814,860	110,070	26,548		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	25,268,775	25,268,775		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	521,154	521,154		
<b>9</b> Other employee benefits . . . . .	3,327,110	3,327,110		
<b>10</b> Payroll taxes . . . . .	2,035,228	2,035,228		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	508,060		508,060	
<b>b</b> Legal . . . . .	39,869		39,869	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,592,162	3,592,162		
<b>12</b> Advertising and promotion . . . . .	79,518		79,518	
<b>13</b> Office expenses . . . . .	186,199		186,199	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,731,326	3,731,326		
<b>17</b> Travel . . . . .	51,000	51,000		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	81,761	81,761		
<b>20</b> Interest . . . . .	655,590	655,590		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,960,974	1,960,974		
<b>23</b> Insurance . . . . .	197,541	197,541		
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	3,690,420	3,690,420		
<b>b</b> PURCHASED SERVICES	2,518,279	2,518,279		
<b>c</b> LOSS ON EXTINGUISHMENT	930,317		930,317	
<b>d</b> BAD DEBT RECOVERY	710,622	710,622		
<b>e</b> All other expenses	236,365	236,365		
<b>25</b> Total functional expenses. Add lines 1 through 24e	50,322,270	48,578,307	1,743,963	0
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,083,691	<b>1</b>	10,310,357
	<b>2</b> Savings and temporary cash investments . . . . .	30,960	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	4,409,031	<b>4</b>	4,313,457
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	96,487	<b>8</b>	89,670
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,618	<b>9</b>	31,025
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 32,318,153		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,845,721	29,192,001	<b>10c</b> 27,472,432
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	8,000,131	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	29,618
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	50,831,919	<b>16</b>	42,246,559	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,186,628	<b>17</b>	2,924,416
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	19,453,230	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	30,960	<b>21</b>	204,206
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,434,966	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	29,105,784	<b>26</b>	3,128,622
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	21,711,415	<b>27</b>	39,117,937
	<b>28</b> Net assets with donor restrictions . . . . .	14,720	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	21,726,135	<b>32</b>	39,117,937	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	50,831,919	<b>33</b>	42,246,559	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	49,986,329
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	50,322,270
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-335,941
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,726,135
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	17,727,743
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	39,117,937

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 37-1834045

**Name:** SANFORD-GOOD SAMARITAN COMMUNITY HEALTH  
SERVICES LLC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

PROVIDE LONG-TERM CARE, SENIOR LIVING AND POST ACUTE SERVICES FOR OLDER PERSONS AND OTHERS IN NEED.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC

**Employer identification number**  
37-1834045

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . 2
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	450228055	10	Yes		0	0
(B) SANFORD LIVING CENTERS	450416454	3	Yes		0	0
<b>Total</b>	<b>2</b>				<b>0</b>	<b>0</b>

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>2a</b>	
		<b>2b</b>	
		<b>3a</b>	
		<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> 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 <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> 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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G, COLUMN V	SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES, LLC, IS AN INTEGRAL PART OF AND PROVIDES SUPPORT TO EACH OF THE ORGANIZATIONS LISTED. HOWEVER, SUCH SERVICES CANNOT EASILY BE QUANTIFIED IN DOLLAR-BASED TERMS.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC

**Employer identification number**  
37-1834045

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .		3,572,946		3,572,946
<b>b</b> Buildings . . . . .		24,125,817	3,188,332	20,937,485
<b>c</b> Leasehold improvements		259,987	83,530	176,457
<b>d</b> Equipment . . . . .		4,359,403	1,573,859	2,785,544
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				27,472,432

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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.

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

**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.

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

**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:** 37-1834045  
**Name:** SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC

## Supplemental Information

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

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS A NONPROFIT LIMITED LIABILITY CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES IN EVALUATING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS STANDARD PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC	Employer identification number 37-1834045
--	--

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINE 4A: THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SEVERANCE ARRANGEMENT AND RECEIVED PAYMENTS DURING THE YEAR: BERGEN PETERSON \$378,425 PART I, LINE 4B: CERTAIN EXECUTIVES PARTICIPATE IN A DEFINED CONTRIBUTION SERP PLAN.
PART I, LINE 1A	CERTAIN ITEMS LISTED ON LINE 1A ARE PROVIDED BY RELATED ORGANIZATIONS.
PART I, LINE 3	THE EXECUTIVE COMPENSATION COMMITTEE OF THE SANFORD BOARD OF TRUSTEES DIRECTLY ENGAGES A NATIONALLY RECOGNIZED INDEPENDENT COMPENATION CONSULTING FIRM ANNUALLY TO REVIEW THE TOTAL COMPENATION ARRANGEMENT OF THE CEO AND REPOT THE FINDINGS TOO THEM FOR DELIBERATION AND ACTION. THE DELIBERATIONS AND ACTIONS ARE RECORDED IN THE MINUTES OF TEH SANFORD BOARD OF TRUSTEES. THE MOST RECENT STUDY WAS COMPLETED IN 2019.
PART I, LINE 4B	CERTAIN EXECUTIVES PARTICIPATE IN A DEFINED BENEFIT SERP PLAN. THERE WERE NO INDIVIDUALS WHO RECEIVED PAYMENTS DURING THE YEAR.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 37-1834045  
**Name:** SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC

## 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				
<b>1</b> NATHAN SCHEMA BEGIN 112019 CHAIRPERSON, PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	182,843	16,877	108	0	24,576	224,404	
<b>1</b> THOMAS SYVERSON THRU 102019 CHAIRPERSON, PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	337,055	3,642	582	0	29,960	371,239	
<b>2</b> CRAIG LAMBRECHT THRU 12019 VICE CHAIRPERSON, VICE PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	141,716	91,800	31,985	0	12,022	277,523	
<b>3</b> KIRK CHRISTY THRU 52019 DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	321,155	10,300	50,675	0	21,025	403,155	
<b>4</b> MICHAEL DEUTH BEGIN 112019 DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	146,046	1,721	804	0	4,920	153,491	
<b>5</b> JAMES DROPPERS 62019- 102019 DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	176,302	1,581	603	0	20,000	198,486	
<b>6</b> CLINT GRAYBILL THRU 52019 DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	261,638	300	35,020	0	19,085	316,043	
<b>7</b> BERGEN PETERSON THRU 12019 DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	13,556	379	378,506	0	20,752	413,193	
<b>8</b> ERIC VANDEN HULL BEGIN 62019 DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	350,348	50,300	47,267	0	29,711	477,626	
<b>9</b> BILL MARLETTE TREASURER	(i)	0	0	0	0	0	0	
	(ii)	1,019,856	172,511	198,810	0	1,355	1,392,532	
<b>10</b> BILL MARLETTE DEF COMP TREASURER	(i)	0	0	0	0	0	0	
	(ii)	0	0	0	221,323	0	221,323	



**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC

Employer identification number

37-1834045

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING OFFICERS, AND BOARD MEMBERS ARE EMPLOYEES OF RELATED ORGANIZATIONS OF THIS ENTITY. MANY OF THESE EMPLOYEES ALSO SERVE ON OTHER RELATED BOARDS, OR HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER THAT SPAN THE ORGANIZATION AS A WHOLE: NATHAN SCHEMA, THOMAS SYVERSON, CRAIG LAMBRECHT, KIRK CHRISTY, MICHAEL DEUTH, JAMES DROPPERS, CLINT GRAYBILL, BERGEN PETERSON, ERIC VANDEN HULL AND BILL MARLETTE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	NO CHANGES TO THE ARTICLES OF ORGANIZATION OCCURRED IN 2019. EFFECTIVE APRIL 1 ,2019, THE COMPANY'S OPERATING AGREEMENT WAS REVISED TO REFLECT THE WITHDRAWAL OF SANFORD LIVING CENTERS AS A MEMBER OF THE COMPANY. THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY BECAME THE SOLE MEMBER OF THE COMPANY WITH THE ABILITY TO APPOINT A THREE-PERSON BOARD OF DIRECTORS TO OVERSEE THE OPERATIONS OF THE COMPANY.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY ("THE SOCIETY") AND SANFORD LIVING CENTERS WERE 50/50 OWNERS OF THIS ENTITY AS OF JANUARY 1, 2019. ON MARCH 31, 2019 SANFORD LIVING CENTERS WITHDREW AS A MEMBER. AS A RESULT, THE SOCIETY BECAME THE SOLE MEMBER OF THE ORGANIZATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF THE COMPANY IS APPOINTED BY THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER HAS RESERVED POWERS TO REVIEW AND APPROVE THE ANNUAL BUDGET AND CAPITAL EXPENDITURES; APPROVE THE SALE OR DISPOSITION OF SUBSTANTIALLY ALL THE ASSETS OF THE COMPANY; APPROVE THE COMPANY'S INCURRENCE OF ANY MORTGAGE SECURED INDEBTEDNESS; APPROVAL ALL SALES OF, OR THE GRANTING OF ANY LIENS AGAINST ANY REAL PROPERTY OWNED BY THE COMPANY; AND ANY MERGER OR DISSOLUTION OF THE COMPANY.

## 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 MANAGEMENT. AN EXTERNAL ACCOUNTING FIRM REVIEWS THE RETURN. BEFORE THE RETURN IS FILED, A COMPLETE COPY IS PROVIDED TO THE CURRENT BOARD OF TRUSTEES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS IS MANAGED BY THE CHIEF COMPLIANCE OFFICER (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 BOARD OF TRUSTEES, 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 REVIEW ALLOWS: 1) THE BOT 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	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 PERSONS, REVIEW OF COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION FOR SUCH COMPENSATION. THE EXECUTIVE COMPENSATION COMMITTEE OF THE SANFORD BOARD OF TRUSTEES DIRECTLY ENGAGES A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTING FIRM ANNUALLY TO REVIEW THE TOTAL COMPENSATION ARRANGEMENTS OF THE CEO AND TO REPORT THE FINDINGS TO THEM FOR DELIBERATION 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 DOCUMENTS, IT WOULD RESPOND INDIVIDUALLY TO ANY REQUESTS OR INQUIRIES FROM THE PUBLIC FOR THESE DOCUMENTS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PAYOFF OF TAX EXEMPT BONDS BY RELATED ORGANIZATION 20,107,498. WRITE-OFF OF GOODWILL DUE TO ACQUISITION -8,000,131. TRANSFER FROM RELATED ORGANIZATION FOR PAYROLL AND OPERATING EXPENSES 5,585,841. NET ASSET RELEASE PPE 35,471. TRANSFER OF TEMP RESTRICTED TO FOUNDATION - 936.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCH K:	TAXPAYER DID A CURRENT REFUNDING IN NOVEMBER 2019. SANFORD (ULTIMATE PARENT OF TAXPAYER) IS ISSUED NEW BONDS AT THAT TIME AND TAXPAYER BECAME PART OF SANFORD'S OBLIGATED GROUP.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SANFORD-GOOD SAMARITAN COMMUNITY HEALTH  
SERVICES LLC

**Employer identification number**  
37-1834045

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	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	C	20,107,498	COST
(2) SANFORD HEALTH	S	5,585,841	COST



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>



**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 37-1834045

**Name:** SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES LLC

**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 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	
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	

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 46-0434693	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	
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	

**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 46-0385187	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-II	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0228055	LONG-TERM CARE, SENIOR HOUSING & HOME AND COMMUNITY BASED SERVICES	ND	501(C)(3)	10	SANFORD	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 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						No
SANFORD HEALTH PLAN 300 CHERAPA PLACE SIOUX FALLS, SD 57103 91-1842494	INSURANCE	SD	N/A	C						No
SANFORD HEALTH PLAN OF MN 300 CHERAPA PLACE SIOUX FALLS, SD 57103 46-0445852	INSURANCE	MN	N/A	C						No
SANFORD FRONTIERS 1305 W 18TH STREET PO BOX 5039 SIOUX FALLS, SD 571175039 45-5436599	WEIGHT LOSS/FITNESS	SD	N/A	C						No
SOB INC 2701 S MINNESOTA AVENUE SUITE 2 SIOUX FALLS, SD 57105 46-0442628	AIR TRANSPORTATION	SD	N/A	C						No
SANFORD WORLD CLINICS - GHANA SARBAH ROAD TANTRI LORRY STATION CAPE COAST GH	HEALTHCARE	GH	N/A	C						No
SHANGHAI SANFORD HEALTHCARE MANAGEMENT CONSULTING CO LTD 188 YESHENG ROAD ROOM A-862 GUOMA SHANGHAI CH	HEALTHCARE	CH	N/A	C						No
SANFORD INTERNATIONAL - MUNICH GMBH NYMPHENBURGER STRASSE 3 MUNICH GM	HEALTHCARE	GM	N/A	C						No
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						No
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						No
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						No
GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-5037667	INSURANCE	NE	N/A	C						No
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						No
GOOD SAMARITAN SOCIETY INSURANCE LTD P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 98-0379099	INSURANCE	CJ	N/A	C						No
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						No

**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
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					No
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					No
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					No
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					No
JJEA LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 77-0713538	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S					No
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					No
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					No