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Process as original

2020 FINAL RETURN EXTENDED TO 5/17/21

Return of Organization Exempt From Income Tax

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JAN 1, 2020 and ending JUN 30, 2020

Form 990 header section including B (Check if applicable), C (Name of organization: SANFORD GOOD SAMARITAN COMMUNITY HEALTH SERVICES, LLC), D (Employer identification number: 37 1834045), E (Telephone number: 605 362 3100), G (Gross receipts \$: 25,407,373), H(a) (Is this a group return for subordinates? Yes [X] No), H(b) (Are all subordinates included? Yes [X] No), I (Tax exempt status: [X] 501(c)(3)), J (Website: www.PROSPERACARES.COM), K (Form of organization: [X] Other - LLC), L (Year of formation: 2016), M (State of legal domicile: ND)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2. Discontinued operations, 3-6. Governance metrics, 7a-b. Revenue (8-12), 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Signature block section including Sign Here (Signature of officer: Bill Marlette, Date: 1/22/21), Preparer (Print/Type preparer's name: CHRIS MESKIMEN, Preparer's signature: Chris Meskimen, Date: 1/15/2021, Firm's name: DELOITTE TAX LLP, Firm's EIN: 86 1065772)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

2/03

SCANNED APR 08 2022

504083 1-24-2020 675033 DEC 15 2021

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Part III Statement of Program Service Accomplishments

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

X

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? 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? 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 \$ 24,013,104. including grants of \$) (Revenue \$ 24,678,211.) PROVIDE LONG-TERM CARE, SENIOR LIVING AND POST ACUTE SERVICES FOR OLDER PERSONS AND OTHERS IN NEED.

THE ASSETS OF SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES, LLC WERE TRANSFERRED TO THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY ON JUNE 30, 2020.

027 NOV - 9 2021 RECEIVED ENTITY DEPT

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

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

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

4e Total program service expenses 24,013,104.

ADINRO

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes" complete Schedule R Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization during the year, pay premiums, directly or indirectly on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor or related person?		
9b			
10	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 T (Section 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 on Schedule O)
- 19** Describe on 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 - 605-333-1000
 2301 EAST 60TH STREET, SIOUX FALLS, SD 57104

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, and 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 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 CHAIRPERSON, PRESIDENT	0.10 54.90	X		X				0.	138,993.	0.
(2) MICHAEL DEUTH DIRECTOR	0.10 54.90	X						0.	87,924.	0.
(3) ERIC VANDEN HULL DIRECTOR	0.10 54.90	X						0.	220,714.	0.
(4) BILL MARLETTE TREASURER	0.10 59.90			X				0.	965,493.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal							0.	1,413,124.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	1,413,124.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOCUSONE SOLUTIONS LLC, 13609 CALIFORNIA STREET, OMAHA, NE 68154-5260	POOL STAFF SERVICES	789,782.
INFINITY REHAB, 25117 SW PARKWAY AVE, STE D, WILSONVILLE, OR 97070-9697	CONTRACT THERAPY SERVICES	525,744.
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOC 4800 WEST 57TH ST, SIOUX FALLS, SD 57108	MGMT FEES & SHARED EMPLOYEES	429,265.
DTN STAFFING, INC 1200 COLLINS AVENUE, MANDAN, ND 58554	POOL STAFF SERVICES	279,030.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	494.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	293.			
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f		787.			
Program Service Revenue			Business Code				
	2 a	HOUSING AND RESIDENT S	623000	24,678,211.	24,678,211.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		24,678,211.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,888.		3,888.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		b	Less direct expenses				
		c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities See Part IV, line 19						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
	b	Less cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11 a	COVID STIMULUS FUNDS	900099	645,093.		645,093.	
	b	CAFETERIA/VENDING	722514	72,219.	69,356.	2,863.	
	c	EMPLOYEE MEALS	721000	7,175.		7,175.	
	d	All other revenue					
e	Total. Add lines 11a-11d		724,487.				
12	Total revenue. See instructions		25,407,373.	24,678,211.	69,356.	659,019.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,875,785.	12,875,785.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	404,156.	404,156.		
9 Other employee benefits	1,317,576.	1,317,576.		
10 Payroll taxes	925,108.	925,108.		
11 Fees for services (nonemployees)				
a Management	255,218.		255,218.	
b Legal	5,699.		5,699.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	1,452,861.	1,452,861.		
12 Advertising and promotion	24,301.		24,301.	
13 Office expenses	91,498.		91,498.	
14 Information technology				
15 Royalties				
16 Occupancy	1,449,530.	1,449,530.		
17 Travel	19,926.	19,926.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,691.	26,691.		
20 Interest	31,878.	31,878.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	972,931.	972,931.		
23 Insurance	-7,955.	-7,955.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED SERVICES	2,243,184.	2,243,184.		
b MEDICAL SUPPLIES	1,951,785.	1,951,785.		
c BAD DEBT RECOVERY	240,272.	240,272.		
d MAINTENANCE & REPAIR EQ	109,376.	109,376.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,389,820.	24,013,104.	376,716.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,310,357.	1	0.
	2 Savings and temporary cash investments		2	0.
	3 Pledges and grants receivable, net		3	0.
	4 Accounts receivable, net	4,313,457.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0.
	7 Notes and loans receivable, net		7	0.
	8 Inventories for sale or use	89,670.	8	0.
	9 Prepaid expenses and deferred charges	31,025.	9	0.
	10a Land, buildings, and equipment - cost or other basis - Complete Part VI of Schedule D	10a 0.		
	10b Less accumulated depreciation	10b 27,472,432.	10c	0.
	11 Investments - publicly traded securities		11	0.
	12 Investments - other securities - See Part IV, line 11		12	0.
	13 Investments - program related - See Part IV, line 11		13	0.
	14 Intangible assets		14	0.
	15 Other assets - See Part IV, line 11	29,618.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,246,559.	16	0.	
Liabilities	17 Accounts payable and accrued expenses	2,924,416.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability - Complete Part IV of Schedule D	204,206.	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) - Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,128,622.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	39,117,937.	27	
	28 Net assets with donor restrictions	0.	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	39,117,937.	32	0.
33 Total liabilities and net assets/fund balances	42,246,559.	33	0.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,407,373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,389,820.
3	Revenue less expenses Subtract line 2 from line 1	3	1,017,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,117,937.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-40,135,490.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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 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 **section 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		
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	45 0228055	10	X		0.	
SANFORD LIVING CENTERS	45-0416454	3	X		0.	
Total					0.	0.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11 and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

- 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1	X	
2		X
3a		X
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		X
7		X
8		X
9a		X
9b		X
9c		X
10a		X
10b		

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

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

Part VI

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

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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 FASB 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 FASB 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 FASB ASC 958 relating to these items

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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	Yes	No
(1)	SANFORD	S	10,724,267.COST			X
(2)	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	R	50,859,757.BOOK VALUE			X
(3)						
(4)						
(5)						
(6)						

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

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

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

Part 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 make 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 program
- e Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term 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
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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.

Part XIII Supplemental Information (continued)

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.

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

EVALUATION 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 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 ORGAIZATION IS

NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

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 COMPENSATION

CONSULTING FIRM ANNUALLY TO REVIEW THE TOTAL COMPENSATION ARRANGEMENT OF

THE CEO AND 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.

PART I, LINE 4B

CERTAIN EXECUTIVES PARTICIPATE IN A DEFINED BENEFIT SERP PLAN. THERE

WERE NO INDIVIDUALS WHO RECEIVED PAYMENTS DURING THE YEAR.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number
37-1834045

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH (NET OF LIABILITIES)	06/30/20	20,045,672	BOOK VALUE	45-0228055	THE EVANGELICAL LUTHERAN GOOD PO BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	501(C)(3)
	ACCOUNTS RECEIVABLE	06/30/20	4,197,441	BOOK VALUE	45-0228055	THE EVANGELICAL LUTHERAN GOOD PO BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	501(C)(3)
	PREPAID EXPENSES	06/30/20	45,851	BOOK VALUE	45-0228055	THE EVANGELICAL LUTHERAN GOOD PO BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	501(C)(3)
	LAND, BUILDINGS, EQUIPMENT	06/30/20	26,521,145	BOOK VALUE	45-0228055	THE EVANGELICAL LUTHERAN GOOD PO BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	501(C)(3)
	INVESTMENTS	06/30/20	49,595	BOOK VALUE	45-0228055	THE EVANGELICAL LUTHERAN GOOD PO BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	501(C)(3)
	CIP - PROJECTS	06/30/20	53	BOOK VALUE	45-0228055	THE EVANGELICAL LUTHERAN GOOD PO BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	501(C)(3)

	Yes	No
2a	X	
2b	X	
2c		X
2d		X

- 2 Did or will any officer, director, trustee, or key employee of the organization
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. SEE PART III

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule N (Form 990 or 990-EZ) 2019

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal 0

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- 4b If "Yes," did the organization provide such notice?
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a Did the organization have any tax exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- 6b If "Yes" to line 6a, did the organization discharge or defease all of its tax exempt bond liabilities during the year?
- c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III

	Yes	No
3	X	
4a	X	
4b	X	
5	X	
6a		X
6b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2 Did or will any officer, director, trustee, or key employee of the organization
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

	Yes	No
2a		
2b		
2c		
2d		

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e
Also complete this part to provide any additional information

PART I, LINE 2E.

THE FOLLOWING TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE TRUSTEES, OFFICERS

AND KEY EMPLOYEES OF THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY (THE

SUCCESSOR ORGANIZATION AND SOLE MEMBER OF THIS LLC PRIOR TO MERGER):

NATHAN SCHEMA, CHAIRPERSON, PRESIDENT

MICHAEL DEUTH, DIRECTOR

ERIC VANDEN HULL, DIRECTOR

BILL MARLETTE, TREASURER

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization	SANFORD-GOOD SAMARITAN COMMUNITY HEALTH SERVICES, LLC	Employer identification number	37-1834045
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FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ALL PROGRAM SERVICES HAVE CEASED AS ENTITY MERGED INTO THE EVANGELICAL

LUTHERAN GOOD SAMARITAN SOCIETY ON JUNE 30, 2020.

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, MICHAEL DEUTH, ERIC VANDEN

HULL AND BILL MARLETTE.

FORM 990, PART VI, SECTION A, LINE 6

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY ("THE SOCIETY") WAS THE

SOLE MEMBER OF THIS LLC UNTIL THE LLC LIQUIDATED INTO THE SOCIETY ON JUNE

30, 2020.

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD OF DIRECTORS OF THE COMPANY IS APPOINTED BY THE EVANGELICAL

LUTHERAN GOOD SAMARITAN SOCIETY.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

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

Employer identification number 37-1834045

DISSOLUTION OF THE COMPANY.

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.

FORM 990, PART VI, SECTION B, LINE 12C

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.

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.

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

Employer identification number 37-1834045

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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS

TRANSFER FROM RELATED TAX-EXEMPT ORG FOR PAYROLL AND

OPERATING EXPESNES 10,724,267.

TRANSFER NET ASSETS TO SOLE MEMBER GSS AS PART OF

LIQUIDATION JUNE 30, 2020 -50,859,757.

TOTAL TO FORM 990, PART XI, LINE 9 -40,135,490.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047
2019
Open to Public Inspection

Name of the organization
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

(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
SANFORD - 27-1218956							
P. O. BOX 5039, RTE 5218							
SIoux FALLS, SD 57117-5039	SUPPORTING ORGANIZATION	NORTH DAKOTA	501(C)(3)	12-II			X
SANFORD HEALTH FOUNDATION - 36-3297853							
P. O. BOX 5039, RTE 5218							
SIoux FALLS, SD 57117-5039	FOUNDATION	SOUTH DAKOTA	501(C)(3)	12-II	SANFORD HEALTH		X
P-M AMBULANCE SERVICE, INC. - 45-0344371							
P. O. BOX 5039, RTE 5218							
SIoux FALLS, SD 57117-5039	EMT	NORTH DAKOTA	501(C)(4)		SANFORD NORTH		X
SANFORD HEALTH FOUNDATION NORTH - 45-0398104							
P. O. BOX 5039, RTE 5218							
SIoux FALLS, SD 57117-5039	FOUNDATION	NORTH DAKOTA	501(C)(3)	7	SANFORD NORTH		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part II Continuation of 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 organization?	
						Yes	No
SANFORD HEALTH FOUNDATION HILLSBORO - 36-3542187, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	FOUNDATION	NORTH DAKOTA	501(C)(3)	7	SANFORD HEALTH NETWORK NORTH	X	
SANFORD HEALTH FOUNDATION WEST - 45-0397196 P. O. BOX 5039, RTE 5218	FOUNDATION	NORTH DAKOTA	501(C)(3)	7	SANFORD BISMARCK	X	
SIOUX FALLS, SD 57117-5039	INSURANCE	NORTH DAKOTA	501(C)(4)		SANFORD HEALTH PLAN	X	
SANFORD HEART OF AMERICA HEALTH PLAN - 45-0346132, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	FOUNDATION	MINNESOTA	501(C)(3)	7	SANFORD HEALTH NETWORK NORTH	X	
SANFORD HEALTH FOUNDATION THIEF RIVER FALLS - 41-1761135, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	FOUNDATION	MINNESOTA	501(C)(3)	7	SANFORD HEALTH OF NORTHERN MINNESOTA	X	
SANFORD HEALTH FOUNDATION OF NORTHERN MINNESOTA - 41-1389317, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	FOUNDATION	MINNESOTA	501(C)(3)	7	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
ADAMS COUNTY GOOD SAMARITAN HOUSING GP, INC. - 46-1495572, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
ALLIANCE GOOD SAMARITAN HOUSING, INC. - 20-4714573, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
ARLINGTON GOOD SAMARITAN HOUSING, INC. - 37-1805492, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
BOISE GOOD SAMARITAN HOUSING, INC. - 36-3370371, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
BROOKINGS GOOD SAMARITAN HOUSING, INC. - 46-0439509, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
COLLESTER DRIVE HOUSING GP, INC. - 30-0872973, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
EL PASO GOOD SAMARITAN HOUSING, INC. - 27-2876627, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	

Part II Continuation of 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 organization?	
						Yes	No
GOOD SAMARITAN HOLDINGS, LLC - 75-2979560 P. O. BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	DEVELOPMENT OF SENIOR HOUSING AND ASSISTED LIVING SERVICES	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
GOOD SAMARITAN SOCIETY, INC. - 46-0349951 P. O. BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
GRANT'S GOOD SAMARITAN HOUSING, INC. - 46-0439511, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
GREELEY GOOD SAMARITAN HOUSING, INC. 46 0456087, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
HASTINGS GOOD SAMARITAN HOUSING, INC. - 46-0434693, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING GP, INC. - 27-1212446, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
HOWARD LAKE GOOD SAMARITAN HOUSING, INC. - 36-4885253, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
INDIANOLA COUNTY GOOD SAMARITAN HOUSING GP, INC 46 1328052, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
INVER GROVE HEIGHTS GOOD SAMARITAN HOUSING, INC. - 76-0789504, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
JASONVILLE GOOD SAMARITAN HOUSING, INC. 46 0396355, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
JEFFERSONTOWN GOOD SAMARITAN HOUSING, INC. - 91-1751137, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
KEARNEY GOOD SAMARITAN HOUSING, INC. - 46 0421846, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	PP	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	

Part II Continuation of 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 513(b)(1) controlled organization?	
						Yes	No
LEA COUNTY GOOD SAMARITAN HOUSING, INC. - 45-3946645, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
LEMARS GOOD SAMARITAN HOUSING, INC. - 20-4714415, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
LILAC WAY GOOD SAMARITAN HOUSING GP, INC. - 46-5740381, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
LOVINGTON GOOD SAMARITAN HOUSING, INC. - 46-0392944, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
MILLARD GOOD SAMARITAN HOUSING GP, INC. - 46-0396332, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
NORTHPORT GOOD SAMARITAN HOUSING, INC. - 38-3993597, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
OLATHE GOOD SAMARITAN HOUSING, INC. - 46-0396398, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
PRESCOTT GOOD SAMARITAN HOUSING GP, INC. - 27-5114421, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
PROPHETSTOWN GOOD SAMARITAN HOUSING, INC. - 46-0392943, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
RAPID CITY GOOD SAMARITAN HOUSING GP, INC. - 46-1579750, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
SIOUX FALLS 57 GOOD SAMARITAN HOUSING, INC. - 20-4714647, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING GP, INC. - 45-2473519, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	

Part II Continuation of 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 organization?	
						Yes	No
SIoux FALLS GOOD SAMARITAN HOUSING, INC. - 46-0385187, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
SOUTH DAYTONA BEACH GOOD SAMARITAN HOUSING, INC. - 46-0461264, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
THE EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION - 46-0422866, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	FOUNDATION LONG-TERM CARE, SENIOR HOUSING & HOME AND COMMUNITY BASED SERVICES	MINNESOTA	501(C)(3)	12-II	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY - 45-0228055, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	NORTH DAKOTA	501(C)(3)	10	SANFORD	X	
VALENTINE GOOD SAMARITAN HOUSING, INC. - 91-1751139, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
WELD COUNTY GOOD SAMARITAN HOUSING GP, INC. - 46-1591360, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SOUTH DAKOTA	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
WINFIELD GOOD SAMARITAN HOUSING, INC. - 20-1115155, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	
WISCONSIN GOOD SAMARITAN HOUSING, INC. - 46-0447338, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SOUTH DAKOTA	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
NATIONAL STUDENT											
HOUSING-SOUTH DAKOTA, LLC -											
20-2129839, 100 S PHILLIPS											
AVE, SIOUX FALLS, SD 57104	INVESTMENT	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
R.A.C. RENTALS, LLC -											
26-1961077, 100 S PHILLIPS											
AVE, SIOUX FALLS, SD 57104	INVESTMENT	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
ADA COUNTY GOOD SAMARITAN	PROVIDE										
HOUSING, LP - 36-4799439, P.	LOW-INCOME										
O. BOX 5039, RTE 5218, SIOUX	HOUSING TO										
FALLS, SD 57117-5039	SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
ADAMS COUNTY GOOD SAMARITAN	PROVIDE										
HOUSING, LP - 38-3896526, P.	LOW-INCOME										
O. BOX 5039, RTE 5218, SIOUX	HOUSING TO										
FALLS, SD 57117-5039	SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SANFORD HOME MEDICAL EQUIPMENT, INC. -									
46-0388597, 2710 W 12TH STREET, SIOUX FALLS,	HEALTHCARE EQUIPMENT	SD	N/A	C CORP	N/A	N/A	N/A		X
SD 57105									
SANFORD HEALTH PLAN - 91-1842494									
300 CHERAPA PLACE	INSURANCE	SD	N/A	C CORP	N/A	N/A	N/A		X
SIOUX FALLS, SD 57103									
SANFORD HEALTH PLAN OF MN - 46-0445852									
300 CHERAPA PLACE	INSURANCE	MN	N/A	C CORP	N/A	N/A	N/A		X
SIOUX FALLS, SD 57103									
SANFORD FRONTIERS - 45-5436599									
1305 W 18TH STREET, PO BOX 5039	WEIGHT LOSS/FITNESS	SD	N/A	C CORP	N/A	N/A	N/A		X
SIOUX FALLS, SD 57117-5039									
SOB, INC. - 46-0442628									
2701 S MINNESOTA AVENUE, SUITE 2	WEIGHT LOSS/FITNESS	SD	N/A	C CORP	N/A	N/A	N/A		X
SIOUX FALLS, SD 57105	AIR TRANSPORTATION	SD	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
BELINGTON GOOD SAMARITAN HOUSING, LP - 32-0493132, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
COLLISTER DRIVE HOUSING, LLC - 61-1752929, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
COLORADO GOOD SAMARITAN HOUSING GP, LLC - 30-1164681, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
FARGO GOOD SAMARITAN HOUSING, LP - 30-1141316, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA - 81-5020633, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	INSURANCE	ND	N/A	N/A	N/A	N/A			N/A	N/A	N/A
GOOD SAMARITAN INSURANCE PLAN, LLC - 81-5051671, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	INSURANCE	DE	N/A	N/A	N/A	N/A			N/A	N/A	N/A
HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING, LP - 27-1212511, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
HMS HERITAGE MANAGEMENT SERVICES, LLC - 90-0915850, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME HEALTH SERVICES	TX	N/A	N/A	N/A	N/A			N/A	N/A	N/A
INDIANOLA GOOD SAMARITAN HOUSING, LP - 30-0755780, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
LILAC WAY GOOD SAMARITAN HOUSING, LP - 36-4786577, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MILLARD GOOD SAMARITAN HOUSING, LP - 27-1212324, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
OLATHE GOOD SAMARITAN HOUSING, LP - 20-5297369, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
OLDS HALL GOOD SAMARITAN HOUSING LP - 35-2626242, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PENNINGTON COUNTY GOOD SAMARITAN HOUSING, LP -	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
38-4060178, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PRESCOTT GOOD SAMARITAN HOUSING, LP - 27-5115281, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
RAPID CITY GOOD SAMARITAN HOUSING, LP - 35-2466169, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
ROSEVILLE GOOD SAMARITAN HOUSING, LP, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
RUTH STREET GOOD SAMARITAN HOUSING, LLC - 61-1748321, P.	PROVIDE LOW-INCOME HOUSING TO SENIORS AND	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	OTHER ELIGIBLE	SD	N/A	N/A	N/A	N/A			N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
SIoux FALLS DOWNTOWN GOOD SAMARITAN, LP - 32-0377442, P. O. BOX 5039, RTE 5218, SIoux FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE	SD	N/A	N/A	N/A	N/A			N/A			N/A
TEXAS GOOD SAMARITAN HOUSING LLC - 37-1774574, P. O. BOX 5039, RTE 5218, SIoux FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE	SD	N/A	N/A	N/A	N/A			N/A			N/A
WELD COUNTY GOOD SAMARITAN HOUSING, LP - 32-0584614, P. O. BOX 5039, RTE 5218, SIoux FALLS, SD 57117-5039	PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE	SD	N/A	N/A	N/A	N/A			N/A			N/A

Part IV Continuation of 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 WORLD CLINICS - GHANA									
SARBAH ROAD, TANTRI LORRY STATION, PO BOX 366 CAPE COAST, GHANA	HEALTHCARE	GHANA	N/A	C CORP	N/A	N/A	N/A		X
SHANGHAI SANFORD HEALTHCARE MANAGEMENT CONSULTING CO., LTD., 188 YESHENG ROAD, ROOM A-862, GUOMAO BUILDING, SHANGHAI, CHINA	HEALTHCARE	CHINA	N/A	C CORP	N/A	N/A	N/A		X
SANFORD INTERNATIONAL - MUNICH GMBH NYMPHENBURGER STRASSE 3 MUNICH, GERMANY	HEALTHCARE PROVIDE HOME AND COMMUNITY BASED SERVICES	GERMANY	N/A	C CORP	N/A	N/A	N/A		X
ALWAYS ABOVE AND BEYOND HOME HEALTH CARE SERVICES, LLC - 26-3456679, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S CORP	N/A	N/A	N/A		X
ANGELS IN WAITING HOSPICE, LLC - 03-0597309 P. O. BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S CORP	N/A	N/A	N/A		X
GOOD SAMARITAN HUMANITARIAN SERVICE, INC. - 20-5533741, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	MANAGEMENT AND UNBUNDLED SERVICES; UNRELATED BUSINESS	SD	N/A	C CORP	N/A	N/A	N/A		X
GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA, INC. - 81-5037667, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	INSURANCE	NE	N/A	C CORP	N/A	N/A	N/A		X
GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA, INC. - 81-4989242, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	INSURANCE	SD	N/A	C CORP	N/A	N/A	N/A		X
GOOD SAMARITAN SOCIETY INSURANCE, LTD. - 98-0379099, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
HERITAGE HEALTHCARE OF NORTHERN NEW MEXICO, INC - 90-0491537, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S CORP	N/A	N/A	N/A		X
HERITAGE HEALTHCARE SERVICES, INC - 85-0418562, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S CORP	N/A	N/A	N/A		X
HERITAGE HOME HEALTHCARE & HOSPICE, INC - 85-0463468, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S CORP	N/A	N/A	N/A		X

Part IV Continuation of 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 HOME HEALTHCARE OF ARIZONA, INC - 20-4243949, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S CORP	N/A	N/A	N/A		X
HERITAGE HOME HEALTHCARE SERVICES, INC - 85-0463469, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S CORP	N/A	N/A	N/A		X
JJEA, LLC - 77-0713538 P. O. BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S CORP	N/A	N/A	N/A		X
OLDS HALL GOOD SAMARITAN HOUSING GP, INC - 61-1861635, P. O. BOX 5039, RTE 5218, SIOUX FALLS, SD 57117-5039	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A	C CORP	N/A	N/A	N/A		X
ROSEVILLE GOOD SAMARITAN HOUSING GP, INC P. O. BOX 5039, RTE 5218 SIOUX FALLS, SD 57117-5039	LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	N/A	C CORP	N/A	N/A	N/A		X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP.

NAME OF RELATED ORGANIZATION

ADA COUNTY GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

NAME OF RELATED ORGANIZATION

ADAMS COUNTY GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY ADAMS COUNTY GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

BELINGTON GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

NAME OF RELATED ORGANIZATION

COLLISTER DRIVE HOUSING, LLC

PRIMARY ACTIVITY LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS AS GP

NAME OF RELATED ORGANIZATION

COLORADO GOOD SAMARITAN HOUSING GP, LLC

PRIMARY ACTIVITY LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS AS GP

DIRECT CONTROLLING ENTITY: WELD COUNTY GOOD SAMARITAN HOUSING, GP, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION

FARGO GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY. PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY. FARGO GOOD SAMARITAN HOUSING GP, LLC

NAME OF RELATED ORGANIZATION

GOOD SAMARITAN INSURANCE PLAN, LLC

DIRECT CONTROLLING ENTITY THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION

HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING, LP

EIN 27-1212511

P. O. BOX 5039, RTE 5218

SIOUX FALLS, SD 57117-5039

PRIMARY ACTIVITY: PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY HASTINGS VILLAGE GARDENS GOOD SAMARITAN HOUSING

GP, INC.

NAME OF RELATED ORGANIZATION

HMS HERITAGE MANAGEMENT SERVICES, LLC

DIRECT CONTROLLING ENTITY: ALWAYS ABOVE AND BEYOND HOME HEALTH CARE

SERVICES, LLC

NAME OF RELATED ORGANIZATION

INDIANOLA GOOD SAMARITAN HOUSING, LP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY: INDIANOLA GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

LILAC WAY GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY: PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

NAME OF RELATED ORGANIZATION

MILLARD GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY MILLARD GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

OLATHE GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

NAME OF RELATED ORGANIZATION

OLDS HALL GOOD SAMARITAN HOUSING LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY. OLDS HALL GOOD SAMARITAN HOUSING GP, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION

PENNINGTON COUNTY GOOD SAMARITAN HOUSING, LP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

EIN 38-4060178

P. O. BOX 5039, RTE 5218

SIOUX FALLS, SD 57117-5039

PRIMARY ACTIVITY. PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY PENNINGTON COUNTY GOOD SAMARITAN HOUSING GP,

LLC

NAME OF RELATED ORGANIZATION

PRESCOTT GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

NAME OF RELATED ORGANIZATION

RAPID CITY GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY RAPID CITY GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

ROSEVILLE GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY ROSEVILLE GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

RUTH STREET GOOD SAMARITAN HOUSING, LLC

PRIMARY ACTIVITY LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

POPULATIONS AS GP

DIRECT CONTROLLING ENTITY. PRESCOTT GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

SIOUX FALLS DOWNTOWN GOOD SAMARITAN, LP

PRIMARY ACTIVITY: PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY SIOUX FALLS DOWNTOWN GOOD SAMARITAN HOUSING GP,

INC.

NAME OF RELATED ORGANIZATION

TEXAS GOOD SAMARITAN HOUSING LLC

PRIMARY ACTIVITY LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS AS GP

DIRECT CONTROLLING ENTITY. LILAC WAY GOOD SAMARITAN HOUSING GP, INC.

NAME OF RELATED ORGANIZATION

WELD COUNTY GOOD SAMARITAN HOUSING, LP

PRIMARY ACTIVITY. PROVIDE LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS

DIRECT CONTROLLING ENTITY. WELD COUNTY GOOD SAMARITAN HOUSING GP, INC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST

NAME OF RELATED ORGANIZATION

GOOD SAMARITAN HUMANITARIAN SERVICE, INC.

PRIMARY ACTIVITY MANAGEMENT AND UNBUNDLED SERVICES; UNRELATED BUSINESS

ACTIVITIES

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

NAME OF RELATED ORGANIZATION

GOOD SAMARITAN SOCIETY INSURANCE, LTD.

DIRECT CONTROLLING ENTITY THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

NAME OF RELATED ORGANIZATION

OLDS HALL GOOD SAMARITAN HOUSING GP, INC

PRIMARY ACTIVITY. LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS AS GP

DIRECT CONTROLLING ENTITY: THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

NAME OF RELATED ORGANIZATION

ROSEVILLE GOOD SAMARITAN HOUSING GP, INC

PRIMARY ACTIVITY. LOW-INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE

POPULATIONS AS GP