

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 43,401,001	including grants of \$	(Revenue \$ 45,816,168)
See Additional Data				

4b	(Code)	(Expenses \$ 24,825,134	including grants of \$ 7,510,755	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 8,285,860	including grants of \$ 2,153,290	(Revenue \$ 1,361,407)
See Additional Data				

(Code)	(Expenses \$ 13,149,647	including grants of \$ 1,931	(Revenue \$ 13,368,158)
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SERVICES FOR PERSONS WITH DISABILITIES - IN 2017, WE SERVED 68 INDIVIDUALS WITH DEVELOPMENTAL/INTELLECTUAL DISABILITIES (DD/ID) INCLUDING INDIVIDUALS WITH AUTISM, DOWN SYNDROME, MENTAL ILLNESS AND OTHER DD/ID DIAGNOSES. THIS SUPPORT IS ACHIEVED BY PROVIDING A LICENSED HOME AND CARE FOR INDIVIDUALS OR BY PROVIDING COMMUNITY LIVING SUPPORT SERVICES IN A PERSON'S OWN HOME. WE HAVE MULTIPLE LOCATIONS THROUGHOUT THE STATE WHERE WE ARE ABLE TO ARRANGE THESE SERVICES AND SUPPORTS. WE ALSO ASSIST INDIVIDUALS IN MAINTAINING INDEPENDENCE WITHIN THEIR OWN HOMES. BY WORKING WITH CLIENTS ON A DAILY OR WEEKLY BASIS, WE HAVE THE ABILITY TO SEE FIRST-HAND WHEN THEY HAVE PHYSICAL/EMOTIONAL/MENTAL DETERIORATION AND ADDRESS THE ISSUES SO INDEPENDENCE ISN'T THREATENED. WE ALSO WORK ON SKILL-BUILDING WITH CLIENTS TO IMPROVE ADLS, SOCIALIZATION, COMMUNICATION, AND COMMUNITY SKILLS. WE INTEGRATE OUR CLIENTS INTO LOCAL COMMUNITY ACTIVITIES IN ORDER TO BE AMONG OTHER COMMUNITY MEMBERS AND PARTICIPATE IN ACTIVITIES OF THEIR CHOOSING AFFORDABLE HOUSING - SAMARITAS MANAGES 15 AFFORDABLE HOUSING COMMUNITIES, WHERE RENTAL ASSISTANCE IS PROVIDED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) BASED ON INCOME ELIGIBILITY. TWELVE OF THESE HOUSING COMMUNITIES SERVE SENIOR ADULTS LIVING INDEPENDENTLY, TWO SERVE FAMILIES, AND ONE SERVES PHYSICALLY DISABLED PERSONS CAPABLE OF LIVING INDEPENDENTLY WITH OR WITHOUT A LIVE-IN AIDE. FOR PEOPLE ON A FIXED INCOME, WITH LOW OR NO INCOME, SAMARITAS OFFERS AFFORDABLE LIVING IN MICHIGAN THANKS TO OUR HUD-SUBSIDIZED COMMUNITIES. EACH COMMUNITY FEATURES ITS OWN UNIQUE BLEND OF RESIDENCES, AMENITIES, PROGRAMS AND HEALTHCARE SERVICES SO OUR RESIDENTS FEEL LIKE THEY ARE A PART OF A TRUE COMMUNITY WITH FRIENDLY NEIGHBORS AND CARING STAFF THAT BECOME LIKE FAMILY. THERE IS NEVER A DULL MOMENT AT SAMARITAS AFFORDABLE LIVING BECAUSE RESIDENTS ENJOY AN ABUNDANCE OF ACTIVITIES THAT RANGE FROM FUN TO EDUCATIONAL AND EVERYTHING IN BETWEEN. IN 2017, SAMARITAS SERVED 1,648 RESIDENTS IN AFFORDABLE HOUSING APARTMENTS. THE PROPERTIES CONTINUE TO PERFORM HIGH ON ALL HUD REVIEWS, ACHIEVING AN AVERAGE REAC SCORE OF 92%, DEMONSTRATING SAMARITAS' COMMITMENT TO A HIGH STANDARD OF MAINTENANCE AND SERVICE HOME CARE - SAMARITAS HOME HEALTH CARE PROVIDES MEDICAL TREATMENT WITH THE GOAL OF HELPING YOU RECOVER, REGAIN YOUR INDEPENDENCE, AND BECOME AS SELF-SUFFICIENT AS POSSIBLE. SAMARITAS REALIZES THAT AS PEOPLE AGE, THEY WANT TO STAY IN THEIR HOME. THAT'S WHY WE'VE DEVELOPED SEVERAL WAYS TO ALLOW SENIORS TO AGE IN PLACE. SAMARITAS HOME HEALTH OFFERS A WIDE RANGE OF SERVICES THAT CAN BE PROVIDED IN YOUR HOME TO HELP INDIVIDUALS RECOVER FROM AN INJURY, ILLNESS OR SURGERY. INITIAL VISITS INCLUDE AN EVALUATION OF MEDICAL STATUS, MEDICATIONS AND HISTORY. EDUCATION REGARDING MEDICAL CONDITION AND STEPS TO IMPROVE UNDERSTANDING AND OVERALL HEALTH IS PRESENTED AT EACH VISIT. ALL STAFF WORK WITH YOU TO LIVE AS INDEPENDENTLY AND ACTIVELY AS POSSIBLE. SAMARITAS HOME HEALTH IS MADE UP OF AN INTER-DISCIPLINARY TEAM OF COMPASSIONATE HEALTH CARE PROFESSIONALS. THE SERVICES WE PROVIDE ARE AT THE RECOMMENDATION OF YOUR PERSONAL PHYSICIAN. WE ARE ABLE TO PERFORM EACH OF THE FOLLOWING SERVICES BASED ON INDIVIDUAL NEEDS: NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AND PSYCHOSOCIAL SERVICES. SAMARITAS SERVED 580 CLIENTS THROUGH OUR HOME HEALTH PROGRAM IN 2017, WITH 92% OF CLIENTS RATING CARE AS GOOD OR BETTER. OUR HOME CARE ASSISTANCE AND SUPPORT SERVICES PROGRAMS BRING TRAINED PROFESSIONALS RIGHT TO INDIVIDUALS' HOMES TO DELIVER SUPPORT. WE PROVIDE NON-MEDICAL SERVICES THAT INCLUDE ASSISTANCE WITH BATHING, GROOMING, DRESSING, TRANSPORTATION, ERRANDS, LIGHT HOUSEKEEPING, MEAL PREPARATION, MEDICATION REMINDERS OR JUST SOMEONE TO OFFER COMPANIONSHIP. THIS PROGRAM IS RECOMMENDED FOR SENIORS WHO DO NOT REQUIRE MEDICAL SERVICES BUT WHO ARE LOOKING FOR SUPPORT AND ASSISTANCE. EACH CLIENT RECEIVES A PERSONAL CONSULTATION TO HELP DECIDE WHICH SERVICES ARE DESIRED AND THROUGH OUR ASSESSMENT PROCESS, CLIENTS WILL BE MATCHED WITH THE CAREGIVER BEST-FIT FOR THEIR NEEDS. CLIENTS ALSO HAVE THE OPPORTUNITY TO MEET PROSPECTIVE CAREGIVERS AND DECIDE WHO THEY WOULD LIKE TO WORK WITH. IN ADDITION, SOMETIMES FAMILY OR FRIENDS WHO CARE FOR A LOVED ONE NEED SOME "OFF DUTY" TIME TO RELAX OR TEND TO THEIR OWN PERSONAL NEEDS. WE PROVIDE RESPITE SERVICES ON A REGULAR BASIS, SO CAREGIVERS CAN HAVE A FEW HOURS "OFF" EVERY WEEK. WE ALSO PROVIDE RESPITE SERVICES ON A TEMPORARY BASIS FOR CAREGIVERS WHO WILL BE AWAY FOR A FEW DAYS OR A FEW WEEKS. SAMARITAS PROVIDED HOME CARE ASSISTANCE AND SUPPORT SERVICES TO 285 CLIENTS WITH OVER 265,500 HOURS OF CARE IN 2017.

4d	Other program services (Describe in Schedule O)	(Expenses \$ 13,149,647	including grants of \$ 1,931	(Revenue \$ 13,368,158)
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4e	Total program service expenses ▶	89,661,642
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	245	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2,564	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
JENNY CEDERSTROM 8131 E JEFFERSON AVENUE DETROIT, MI 48214 (313) 823-7700

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

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

Form **990** (2017)

[illegible]

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 ▶ 16

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	SENIOR LIVING FOOD	1,287,943
CREATIVE DINING SERVICES ONE ROYAL PARK DRIVE ZEELAND, MI 49464	SENIOR LIVING FOOD	1,218,829
SELECT REHABILITATION 2600 COMPASS ROAD GLENVIEW, IL 60026	REHAB SERVICES	1,111,635
GORDON FOOD SERVICES PO BOX 88029 CHICAGO, IL 60680	FOOD SERVICES	784,166
VISTA MARIA HOME 20651 WEST WARREN ST DEARBORN HEIGHTS, MI 48217	FOSTER CARE SERVICES	438,182

Form 990 (2017)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	74,018			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	12,532			
	d Related organizations	1d	219,015			
	e Government grants (contributions)	1e	32,556,585			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,977,849			
	g Noncash contributions included in lines 1a-1f \$ _____		1,091,617			
	h Total. Add lines 1a-1f ▶			36,839,999		
Program Service Revenue		Business Code				
	2a SENIOR LIVING SERVICES	623000	45,816,168	45,816,168		
	b PROGRAM SERVICE FEES	623990	12,449,560	12,449,560		
	c MANAGEMENT FEE REVENUE	561000	1,132,012	1,132,012		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		59,397,740			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		781,477			781,477
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		138,320				
	b Less rental expenses	4,327				
	c Rental income or (loss)	133,993				
	d Net rental income or (loss) ▶		133,993	133,993		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		7,367,203 331,158				
	b Less cost or other basis and sales expenses	6,847,127 325,043				
	c Gain or (loss)	520,076 6,115				
	d Net gain or (loss) ▶		526,191			526,191
	8a Gross income from fundraising events (not including \$ _____ 12,532 of contributions reported on line 1c) See Part IV, line 18 a		53,700			
	b Less direct expenses b		46,215			
	c Net income or (loss) from fundraising events ▶		7,485			7,485
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a SENIOR LIVING ANCILLARY REVENUES	541860	564,277	564,277			
b TRAINING REIMBURSEMENT	541860	287,557	287,557			
c MISCELLANEOUS	541860	260,412	162,281	98,131		
d All other revenue		-115	-115			
e Total. Add lines 11a-11d ▶		1,112,131				
12 Total revenue. See Instructions ▶		98,799,016	60,545,733	98,131	1,315,153	

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.	9,665,976	9,665,976		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,063,693		1,063,693	
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.	46,429,123	42,959,685	2,730,418	739,020
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	5,565,193	5,048,438	429,358	87,397
10 Payroll taxes.	3,934,109	3,674,120	206,035	53,954
11 Fees for services (non-employees):				
a Management.				
b Legal.	241,305	206,515	32,805	1,985
c Accounting.	91,765	78,535	12,475	755
d Lobbying.	8,482		8,482	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,205,559	6,166,701	979,596	59,262
12 Advertising and promotion.				
13 Office expenses.	2,703,499	2,597,438	94,916	11,145
14 Information technology.				
15 Royalties.				
16 Occupancy.	3,423,643	2,999,509	417,129	7,005
17 Travel.	1,745,792	1,639,966	81,412	24,414
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,675,882	1,572,341	101,414	2,127
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,049,828	3,764,822	279,251	5,755
23 Insurance.	3,512,557	3,366,369	128,218	17,970
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a FOOD	1,663,426	1,663,426		
b REPAIRS & MAINTENANCE	1,626,743	1,432,612	177,428	16,703
c PRINTING AND PUBLICATIO	1,074,313	740,707	283,719	49,887
d BAD DEBT EXPENSE	835,036	833,462		1,574
e All other expenses	1,553,204	1,251,020	209,624	92,560
25 Total functional expenses. Add lines 1 through 24e.	98,069,128	89,661,642	7,235,973	1,171,513
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,054,014	1	4,241,942
	2	Savings and temporary cash investments		1,065,363	2	1,404,480
	3	Pledges and grants receivable, net		544,331	3	65,329
	4	Accounts receivable, net		14,364,753	4	13,964,320
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		452,558	8	519,328
	9	Prepaid expenses and deferred charges		1,087,088	9	602,336
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 95,812,152			
	b	Less: accumulated depreciation	10b 47,972,987	48,960,701	10c	47,839,165
	11	Investments—publicly traded securities		23,499,021	11	11,693,788
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		-242	13	-358
	14	Intangible assets		436,384	14	200,000
	15	Other assets. See Part IV, line 11		11,000,797	15	10,506,164
16	Total assets. Add lines 1 through 15 (must equal line 34)		104,464,768	16	91,036,494	
Liabilities	17	Accounts payable and accrued expenses		11,425,522	17	11,534,851
	18	Grants payable			18	
	19	Deferred revenue		858,832	19	257,303
	20	Tax-exempt bond liabilities		38,027,726	20	39,761,460
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		3,123,366	21	2,669,697
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		8,765,700	23	8,158,792
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,021,000	25	969,832
	26	Total liabilities. Add lines 17 through 25		63,222,146	26	63,351,935
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		31,229,464	27	26,537,974
	28	Temporarily restricted net assets		4,093,519	28	1,146,585
	29	Permanently restricted net assets		5,919,639	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,242,622	33	27,684,559
	34	Total liabilities and net assets/fund balances		104,464,768	34	91,036,494

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,799,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,069,128
3	Revenue less expenses Subtract line 2 from line 1	3	729,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,242,622
5	Net unrealized gains (losses) on investments	5	43,714
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,331,665
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,684,559

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: SAMARITAS

Form 990 (2017)

Form 990, Part III, Line 4a:

SAMARITAS SENIOR LIVING OFFERS RETIREMENT LIVING FOR SENIORS WITH FIVE COMMUNITIES IN MICHIGAN. OUR SERVICES INCLUDE INDEPENDENT LIVING, ASSISTED LIVING, SKILLED NURSING, MEMORY SUPPORT, AND REHABILITATION THERAPY OR HOME CARE SERVICES. OUR EXPERT CLINICAL TEAMS WILL HELP EVALUATE INDIVIDUAL NEEDS TO DETERMINE WHAT PROGRAM WILL BEST MEET THE NEEDS OF OUR RESIDENTS, WHILE ALSO ALLOWING FOR THE MOST INDEPENDENCE POSSIBLE AS NEEDS CHANGE. SAMARITAS SENIOR LIVING HELPS GUIDE RESIDENTS TO ENSURE SUCCESSFUL TRANSITIONS OF CARE. OUR INDEPENDENT APARTMENTS IN GRAND RAPIDS, TRAVERSE CITY AND BLOOMFIELD HILLS, GIVE EVERY SENIOR THE OPPORTUNITY TO CAPTURE THE BEST OF EVERY DAY. FIND INSPIRATION IN AN ART OR MUSIC CLASS. ENJOY A COMPETITIVE GAME OF CARDS. GAIN NEW INSIGHT FROM A VISITING LECTURER. OR ENJOY A NIGHT OUT ON THE TOWN WITH NEIGHBORS. OUR RESIDENTS LIVE LIFE ON THEIR TERMS, ENJOYING WHAT THEY WANT, WHEN THEY WANT, AT SAMARITAS SENIOR LIVING. WHEN OUR RESIDENTS NEED INCREASED SUPPORTS, CATERED LIVING PROVIDES THE SERVICES OF ASSISTED LIVING IN OUR RESIDENTS' APARTMENT ALLOWING OUR RESIDENTS TO CONTINUE TO LIVE IN THEIR HOME BUT HAVE THE SECURITY OF 24 HOUR CARE. SAMARITAS SENIOR LIVING OFFERS THREE COMMUNITIES FOR ASSISTED LIVING IN MICHIGAN - BLOOMFIELD HILLS, GRAND RAPIDS AND TRAVERSE CITY. EACH COMMUNITY PROVIDES COMPREHENSIVE, PERSONALIZED CARE TAILORED TO YOUR INDIVIDUAL ABILITIES. SAMARITAS ASSISTED LIVING COMMUNITIES ARE COMMITTED TO HELPING YOU MAXIMIZE YOUR INDEPENDENCE. WHETHER YOU NEED HELP WITH MEDICATION MANAGEMENT, BATHING, DRESSING OR TRANSPORTATION, OUR CARING TEAMS ARE THERE TO LEND A HAND. IN 2017, WE SERVED 587 RESIDENTS IN OUR INDEPENDENT/ASSISTED LIVING PROGRAMS. SAMARITAS SENIOR LIVING HAS THREE STATE-LICENSED SKILLED CARE COMMUNITIES, LOCATED IN CADILLAC, GRAND RAPIDS AND SAGINAW. EACH COMMUNITY FOCUSES ITS SERVICES IN THESE MAIN AREAS: SKILLED NURSING, MEMORY CARE, INPATIENT AND OUTPATIENT REHABILITATION AND RESPITE CARE. RESIDENTS AT THESE COMMUNITIES RECEIVE 24-HOUR CARE SERVICES TAILORED TO THEIR NEEDS. WHETHER THE GOAL IS TO RETURN HOME FOLLOWING A REHABILITATION STAY OR TO HAVE PERMANENT RESIDENCE, SAMARITAS SKILLED CARE COMMUNITIES WILL DEVELOP A TREATMENT PLAN CUSTOMIZED FOR OUR RESIDENTS. FOR SENIORS WHO REQUIRE CONTINUOUS NURSING CARE, OUR SKILLED NURSES IN GRAND RAPIDS, CADILLAC AND SAGINAW PROVIDE PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT. RESIDENTS ARE GIVEN OPPORTUNITIES TO BE AS INDEPENDENT AS POSSIBLE WITH THE ASSURANCE OF CARE FROM OUR LICENSED STAFF MEMBERS. SPECIALIZED PROGRAMMING FOR THOSE WHO HAVE COGNITIVE IMPAIRMENT, THE HARBOR PROVIDES A SECURE ENVIRONMENT AND PROGRAMMING WITHIN THE LODGE. THE HARBOR HAS SPECIALIZED CAREGIVERS WHO ARE TRAINED TO WORK WITH ONE OF OUR MOST VULNERABLE POPULATIONS. REHABILITATION RESIDENTS ARE EMPOWERED TO RETURN HOME IN A TIMELY AND SUCCESSFUL MANNER. ONCE RETURNING HOME, OUTPATIENT SERVICES ENSURE SMOOTH TRANSITIONS HOME AND CONTINUED EVALUATION AND TREATMENT. IN 2017, WE SERVED 968 RESIDENTS IN OUR SKILLED NURSING COMMUNITIES.

Form 990, Part III, Line 4b:

SAMARITAS HAS BEEN PROVIDING SERVICES FOR CHILDREN AND FAMILIES SINCE 1934. WE ARE THE LARGEST PRIVATE FOSTER CARE ORGANIZATION IN MICHIGAN, WITH SIX REGIONAL CENTERS IN THE LOWER PENINSULA. FOSTER CARE IS A SERVICE PROVIDED TO CHILDREN FROM BIRTH TO AGE 18 WHO HAVE BEEN REMOVED FROM THEIR HOME BECAUSE OF RISK OF NEGLECT OR ABUSE. FOSTER FAMILIES PROVIDE 24-HOUR CARE TO CHILDREN AND HELP BIRTH PARENTS AND CHILDREN WORK TOWARDS FAMILY REUNIFICATION. SAMARITAS STAFF PROVIDE SUPPORT AND THE LOCAL FAMILY COURT REVIEWS PROGRESS REGULARLY. OUR EXPERIENCED STAFF ARE PASSIONATE ABOUT THEIR DESIRE TO HELP FOSTER FAMILIES CREATE A BETTER LIFE FOR THE CHILDREN IN THEIR CARE. IN 2017, SAMARITAS SERVED 1,338 DOMESTIC YOUTH IN OUR FOSTER CARE PROGRAM. 96% OF OUR YOUTH IN FOSTER CARE HAD 2 OR FEWER PLACEMENTS IN FOSTER HOMES. OF THE YOUTH IN FOSTER CARE, 68% WERE ABLE TO RETURN TO A PARENT OR FAMILY MEMBER WITHIN 12 MONTHS OF ENTERING THE FOSTER CARE SYSTEM. ACHIEVING PERMANENCY IS CRITICAL FOR THE WELL-BEING OF CHILDREN WHO ARE UNABLE TO RETURN TO A PARENT/FAMILY MEMBER, AND 72% OF OUR YOUTH WERE PLACED FOR ADOPTION WITHIN 24 MONTHS OF ENTERING THE FOSTER CARE SYSTEM, OUT-PERFORMING THE STATE OF MICHIGAN BENCHMARK OF 36%. IN ADDITION TO DOMESTIC FOSTER CARE, SAMARITAS' UNACCOMPANIED REFUGEE MINOR (URM) PROGRAM SERVES YOUTH WHO FLEE FROM WAR, VIOLENCE OR PERSECUTION IN DOZENS OF COUNTRIES BY THE TIME THEY GET TO THE UNITED STATES, THEY'VE BEEN SEPARATED FROM AND OFTEN LOST CONTACT WITH PARENTS AND OTHER FAMILY MEMBERS WHO CAN CARE FOR THEM AND HAVE OFTEN SUFFERED GREAT TRAUMAS AND THEY'RE NOT EVEN 18 YEARS OLD. THIS PROGRAM PROVIDES A VARIETY OF DIFFERENT SERVICES FOR YOUTH. MOST YOUTH ARE PLACED IN FOSTER HOMES TO PROVIDE THE FAMILY ENVIRONMENT THAT IS IDEAL FOR YOUNG PEOPLE. SOME YOUTH NEED MORE ASSISTANCE TO RECOVER FROM PAST TRAUMAS AND ARE PLACED IN OUR THERAPEUTIC FOSTER CARE PROGRAM. AS YOUTH MATURE AND GAIN INDEPENDENCE, THEY OFTEN GRADUATE TO A HOST HOME, PROVIDING LESS SUPERVISION AND MORE GENERAL GUIDANCE ABOUT HOW TO LIVE ON THEIR OWN. MANY YOUTH IN THE PROGRAM MAY BE MATCHED WITH A MENTOR, WHO WILL BE A POSITIVE ROLE MODEL AND HELP THEM ADJUST TO THE CUSTOMS AND CULTURE OF THE UNITED STATES. MANY YOUTH ALSO HAVE A TUTOR WHO HELPS THEM LEARN IN A NEW EDUCATIONAL SYSTEM AND DEVELOP POSITIVE STUDY HABITS. IN 2017, SAMARITAS SERVED 31 MALES, AGES 11-17 YEARS. SAMARITAS' BEHAVIORAL HEALTH PROGRAMS CONSIST OF SEVERAL PROGRAMS OF VARYING SIZES, INCLUDING HOME-BASED SERVICES, OUTPATIENT THERAPY, TRAUMA ASSESSMENT AND SUPPORT SERVICES (FOR YOUTH). ALL OF OUR BEHAVIORAL HEALTH PROGRAMS ARE DESIGNED TO USE PERSON-CENTERED PLANNING TO KEEP THE CHILD IN THE LEAST RESTRICTIVE HOME ENVIRONMENT. IN 2017, SAMARITAS SERVED 1,218 PERSONS IN OUR BEHAVIORAL HEALTH PROGRAMS. OF THOSE PERSONS SERVED, 96% OF THE CHILDREN IN HOME-BASED PROGRAMS MAINTAINED OR INCREASED THEIR LEVEL OF FUNCTION (AS MEASURED BY CAFAS). 96% OF YOUTH WILL REMAIN IN THE COMMUNITY (AT HOME) AT THE CLOSE OF SERVICE. SAMARITAS ALSO OFFERS FAMILY PRESERVATION PROGRAMS, WITH THE OBJECTIVE OF KEEPING AT-RISK CHILDREN SAFELY WITH THEIR FAMILIES. OUR FAMILIES FIRST PROGRAM PROVIDES ASSISTANCE FOR FAMILIES AT RISK OF ENTERING THE FOSTER CARE SYSTEM OR REQUIRING HELP WITH REUNIFICATION WHEN CHILDREN RETURN FROM FOSTER CARE. THIS PROGRAM MAKES COMMUNITY CONNECTIONS, INCREASES NATURAL SUPPORTS AND HELPS WITH BUDGETING AND EDUCATION TOWARD KEEPING FAMILIES TOGETHER. THE GOAL IS TO QUICKLY STABILIZE AND PRESERVE THE FAMILY. IN 2017, 1,426 INDIVIDUALS WERE SERVED UNDER THIS PROGRAM, AND 86% OF THE CHILDREN WERE NOT PLACED IN FOSTER CARE WITHIN 12 MONTHS OF COMPLETING THE PROGRAM. OUR FAMILY REUNIFICATION PROGRAM PROVIDES RESOURCES FOR FAMILIES WELCOMING THEIR CHILDREN BACK FROM A STAY IN FOSTER CARE, AND IS DESIGNED TO ASSURE CONTINUED SUCCESS IN MAINTAINING CHILDREN WITH THEIR FAMILIES. WE OFFER COUNSELING AND GUIDANCE ON THE MATTERS THAT ARE ESSENTIAL TO MAINTAINING A HEALTHY FAMILY LIFE, INCLUDING BUDGETING, EDUCATION AND HOME MANAGEMENT. 381 PERSONS WERE SERVED BY THIS PROGRAM IN 2017, OF WHICH 79% OF CHILDREN REMAINED IN THEIR HOME OR A RELATIVE PLACEMENT FOR 12 MONTHS AFTER THE INTERVENTION. SAMARITAS IS HONORED TO BE PART OF A PILOT STUDY TOWARD PREVENTION AND PRESERVATION ACTIVITIES THAT BUILD UP A FAMILY WITH VERY YOUNG CHILDREN (AGES 0-5). FAMILIES WHO HAVE BEEN IDENTIFIED AS HAVING A HIGH RISK FOR FUTURE INVOLVEMENT BY CHILDREN'S PROTECTIVE SERVICES ARE GUIDED TOWARD MEETING THEIR YOUNG CHILDREN'S NEEDS AND INCREASING SAFETY IN THEIR HOMES. WE SERVED 1,274 INDIVIDUALS DURING 2017, AND 79% OF THE CHILDREN WERE NOT REMOVED BY CPS/DHHS DURING THE INTERVENTION THROUGH SAMARITAS' ADOPTION PROGRAM LUTHERAN ADOPTION SERVICES (LAS) - WE HELP A CHILD FIND A "LIFE-LONG LOVING FAMILY." EVERY CHILD NEEDS LOVE, SHELTER AND GUIDANCE. THESE MOST BASIC OF PROVISIONS ARE MISSING FOR SOME CHILDREN, AND THE OLDER THE CHILD, THE DIRER THE CIRCUMSTANCES, ESPECIALLY WHEN THEY COME FROM AN ABUSIVE OR NEGLECTFUL SITUATION. IN 2017, LAS FACILITATED ADOPTIONS FOR 415 YOUTH.

Form 990, Part III, Line 4c:

SAMARITAS' NEW AMERICAN SERVICES HELP NEWLY ARRIVED REFUGEES NAVIGATE THEIR CONFUSING AND SOMETIMES SCARY FIRST MONTHS IN THE UNITED STATES AS THE LARGEST REFUGEE RESETTLEMENT AGENCY IN THE STATE AND FOURTH LARGEST IN THE NATION, SAMARITAS HAS RESETTLED THOUSANDS OF PEOPLE FROM DOZENS OF COUNTRIES IN EUROPE, ASIA, AFRICA, THE MIDDLE EAST AND CENTRAL AND SOUTH AMERICA. SAMARITAS HAS BEEN THE MICHIGAN AFFILIATE OF LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS) SINCE THE 1950S. IN 2002, SAMARITAS BECAME THE MICHIGAN AFFILIATE OF EPISCOPAL MIGRATION MINISTRIES (EMM) AS WELL. WITH THE SUPPORT OF THE U.S. DEPARTMENT OF STATE'S RECEPTION AND PLACEMENT (R&P) PROGRAM, SAMARITAS PROVIDES 1500 NEWLY ARRIVED REFUGEES FROM 15 DIFFERENT COUNTRIES WITH THE ESSENTIAL SERVICES AND SUPPORT THEY NEED TO BEGIN TO REBUILD THEIR LIVES AND TAKE STEPS TOWARD BECOMING U.S. CITIZENS. SAMARITAS PROVIDES EACH REFUGEE WITH THE SUPPORT TO OBTAIN SELF-SUFFICIENCY AND BECOME CONTRIBUTORS TO SOCIETY WITHIN ONE YEAR OF ARRIVAL. OUR NEW AMERICAN PROGRAM SERVICES PROVIDE SPONSORSHIP OF REFUGEES AND ASSISTANCE WITH RESETTLEMENT AND JOB PLACEMENT, IN CONJUNCTION WITH LIRS AND EMM. RESETTLEMENT SERVICES PROVIDE CORE SERVICES SUCH AS RECEPTION, HOUSING PLACEMENT, CULTURAL ORIENTATION, ENGLISH AS A SECOND LANGUAGE, MEDICAL CASE MANAGEMENT, AND SCHOOL ENROLLMENT. SERVICES ARE PROVIDED FOR 90 DAYS AFTER RESETTLEMENT, THE FOCUS IS TO ACHIEVE SELF-SUFFICIENCY AT 180 DAYS WITH EMPLOYMENT SERVICES DESIGNED TO HELP NEWLY ARRIVED REFUGEES FIND THEIR FIRST JOB AND RETAIN IT, THROUGH THE FEDERAL MATCH GRANT PROGRAM. OUR CENTER FOR SURVIVORS OF TORTURE PROVIDES COUNSELING, PSYCHOTHERAPY SERVICES AND CASE MANAGEMENT SUPPORT TO REFUGEES, ASYLEES, OR OTHERS ELIGIBLE UNDER THE PRESCRIBED FEDERAL GUIDELINES. OUR REPATRIATION PROGRAM ASSISTS U.S. CITIZENS WITH CORE SERVICES SUCH AS RECEPTION, HOUSING PLACEMENT, FINANCIAL ASSISTANCE, FOOD, TRANSPORTATION, REFERRAL TO MEDICAL/ PSYCHIATRIC EVALUATION AND TREATMENT. IN 2017, SAMARITAS SETTLED 932 REFUGEES AND SERVED A TOTAL OF 3,605 INDIVIDUALS THROUGH OUR NEW AMERICAN SERVICES. 92% OF THOSE SERVED THROUGH THE MATCH GRANT PROGRAM BECAME SELF-SUFFICIENT WITHIN 180 DAYS. IN ADDITION, 75% OF THOSE REFUGEES THAT WERE EMPLOYED MAINTAINED THEIR EMPLOYMENT FOR AT LEAST 90 DAYS. SAMARITAS' COMMUNITY CENTER PROVIDES A SAFE HAVEN FOR CHILDREN IN STRUGGLING URBAN NEIGHBORHOODS. THIS CENTER OFFERS EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN AND A HOT DINNER PROGRAM FOR FAMILIES. OUR COMMUNITY CENTER IS FILLED WITH THE NOISE AND LAUGHTER OF CHILDREN EVERY DAY. SOME ARE PAINTING COLORFUL PICTURES, WHILE OTHERS ARE PLAYING BASKETBALL WITH FRIENDS OR STUDYING FOR A MATH TEST WITH THEIR MENTOR. THERE ARE ALWAYS A VARIETY OF EDUCATIONAL AND RECREATIONAL ACTIVITIES TO KEEP CHILDREN BUSY AFTER SCHOOL AND IN THE SUMMER. FAMILIES WHO ARE HAVING A DIFFICULT TIME MAKING ENDS MEET ARE WELCOME TO JOIN US EVERY EVENING FOR A NUTRITIOUS HOT DINNER. AT THE COMMUNITY CENTER, OLDER TEENS AND ADULTS VOLUNTEER THEIR TIME TO BE FRIENDS AND MENTORS TO THE CHILDREN. IN 2017, 16,862 MEALS WERE SERVED AT OUR COMMUNITY CENTER. IN ADDITION, 88% OF YOUTH THAT ATTEND THE COMMUNITY CENTER ATTENDED SCHOOL REGULARLY AND 84% HAD PASSING GRADES. SAMARITAS HOUSE DETROIT IS A SAFE HAVEN THAT PROVIDES SHELTER, FOOD, A SUPPORTIVE ENVIRONMENT AND DISCIPLINE TO WOMEN LEAVING THE CORRECTION SYSTEM OR WHO ARE HOMELESS. WE SERVE WOMEN WHO ARE ON PROBATION FOR A CRIMINAL OFFENSE, SERVING A SENTENCE THROUGH THE CRIMINAL JUSTICE SYSTEM, LEAVING A DRUG REHABILITATION PROGRAM, ESCAPING A HOME BROKEN BY ADDICTION, BATTERED OR IN AN ABUSIVE RELATIONSHIP. ALL RESIDENTS RECEIVE COUNSELING AND SUPPORT TO HELP THEM BECOME PRODUCTIVE CITIZENS. SAMARITAS HOUSE OF DETROIT, ONE OF THE FEW CENTERS OF ITS KIND IN MICHIGAN, LEADS WOMEN TO A POINT WHERE THEY CAN REJOIN THE MAINSTREAM AS PRODUCTIVE MEMBERS OF THE COMMUNITY. SAMARITAS HOUSE DETROIT SERVED 214 WOMEN IN 2017. OF THOSE WOMEN, 84% COMPLETED THE PROGRAM SUCCESSFULLY AND 84% OF THOSE WITH A HISTORY OF SUBSTANCE ABUSE LEFT THE CENTER SUBSTANCE FREE. THE SAMARITAS FAMILY CENTER PROVIDES SHELTER SERVICES FOR FAMILIES, THROUGH A PARTNERSHIP OF SAMARITAS AND WAYNE COUNTY. WE WELCOME TWO-PARENT FAMILIES, SINGLE MOTHERS OR FATHERS WITH CHILDREN AND PREGNANT WOMEN WHO ARE HOMELESS IN WAYNE COUNTY. THE CENTER CAN SERVE UP TO 108 PERSONS AT ONE TIME, AND INCLUDES A FULL TIME CHILDCARE CENTER. THE TEFAP PROVIDES COMMODITY FOODS TO ELIGIBLE LOW INCOME RESIDENTS IN WESTERN WAYNE COUNTY AND IN THE DOWNRIVER AREAS. THE FAMILY CENTER IS FOCUSED ON HELPING FAMILIES ENGAGE IN THE MANY SERVICES OFFERED IN ORDER TO LEAVE THE CENTER WITH A PERMANENT HOUSING OPTION. IN 2017, THE FAMILY CENTER PROVIDED 106 FAMILIES (374 INDIVIDUALS) WITH TEMPORARY HOUSING. OF THOSE EXITING THE CENTER, 69% MAINTAINED OR INCREASED THEIR INCOME AND 71% EXITED TO PERMANENT HOUSING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW PEDERSEN CHAIR	1 00 0 00	X		X				0	0	0
DALE GERARD VICE CHAIR	1 00 0 00	X		X				0	0	0
DAN CARTER TREASURER	1 00 0 00	X		X				0	0	0
MICHELLE GAGGINI SECRETARY	1 00 0 00	X		X				0	0	0
RANDY ASMUS DIRECTOR	1 00 0 00	X						0	0	0
JASON PAULATEER DIRECTOR	1 00 0 00	X						0	0	0
MARY ANN JONES DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL KNEALE DIRECTOR	1 00 0 00	X						0	0	0
BISHOP DON KREISS DIRECTOR	1 00 0 00	X						0	0	0
DAVE MORIN DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD PERKINS DIRECTOR	1 00 0 00	X						0	0	0
SARAH PRUES HECKER DIRECTOR	1 00 0 00	X						0	0	0
MARK STANKO DIRECTOR	1 00 0 00	X						0	0	0
MARION TUROWSKI DIRECTOR	1 00 0 00	X						0	0	0
BRETT VANDERKAMP DIRECTOR	1 00 0 00	X						0	0	0
CAROL GOSS DIRECTOR - PART YEAR	1 00 0 00	X						0	0	0
SAM BEALS - HEARTLINE PRESIDENT	1 00 0 00	X		X				0	0	0
VICKIE THOMPSON-SANDY - HEARTLINE SECRETARY	1 00 0 00	X		X				0	0	0
JENNY CEDERSTROM - HEARTLINE TREASURER	1 00 0 00	X		X				0	0	0
SAM BEALS CEO	49 00 1 00			X				286,572	0	26,832

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKIE THOMPSON-SANDY PRESIDENT	45 00 5 00			X				230,893	0	19,244
JENNY CEDERSTROM CFO	49 00 1 00			X				225,213	0	32,002
RICHARD MARTIN CHIEF ADVANCEMENT OFFICER - PART YEAR	40 00 10 00			X				158,674	0	8,951
KELLI DOBNER CHIEF ADVANCEMENT OFFICER	40 00 10 00			X				86,752	0	1,060
SEAN DEFOUR VP CHILD AND FAMILY	50 00 0 00				X			152,753	0	14,772
HARRY VIJAYAKUMAR VP INFORMATION TECHNOLOGY	45 00 5 00					X		146,239	0	15,100
WENDY PERRY DIRECTOR, BUDGETS AND CONTRACTS	45 00 5 00					X		140,211	0	5,747
CYNTHIA SZCZUR DIRECTOR, FINANCE	45 00 5 00					X		139,627	0	960
LEIGH MCLEOD VP SENIOR LIVING	50 00 0 00					X		134,057	0	11,610
CHERYL KOHS DIRECTOR, MARKETING	45 00 5 00					X		129,263	0	15,494

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAMARITAS

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
38-1360553

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	17,998,769	18,017,850	18,586,346	37,916,980	36,839,999	129,359,944
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	17,998,769	18,017,850	18,586,346	37,916,980	36,839,999	129,359,944
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						129,359,944

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	17,998,769	18,017,850	18,586,346	37,916,980	36,839,999	129,359,944	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	669,106	1,255,379	1,359,555	975,758	919,797	5,179,595	
9	Net income from unrelated business activities, whether or not the business is regularly carried on			398	529	29,741	30,668	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					53,700	53,700	
11	Total support. Add lines 7 through 10						134,623,907	
12	Gross receipts from related activities, etc (see instructions)						12	356,674,732
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 2017 (line 6, column (f) divided by line 11, column (f))	14 96.090 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 95.640 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	FUNDRAISING INCOME

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SAMARITAS	Employer identification number 38-1360553
---------------------------------------	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		8,482
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			8,482
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	SAMARITAS DOES NOT ENGAGE IN ANY POLITICAL CAMPAIGN ACTIVITIES. WE WORK TO SHAPE STATE AND FEDERAL PUBLIC POLICY BY EDUCATING PUBLIC OFFICIALS AND ADVOCATING ON SPECIFIC ISSUES INCLUDING, BUT NOT LIMITED TO, AGING SERVICES, CHILD WELFARE, AFFORDABLE HOUSING, REFUGEE SERVICES, PERSONS WITH DISABILITIES AND OTHER NONPROFIT SECTOR ISSUES. WE FOCUS ON POLICIES THAT EQUIP PEOPLE FOR THE DUAL ROLE OF CARING FOR SELF AND CARING FOR OTHERS. BY ENGAGING IN ADVOCACY ON PUBLIC POLICY ISSUES, SAMARITAS HELPS PUBLIC OFFICIALS BETTER UNDERSTAND HOW POLICIES AFFECT THEIR CONSTITUENTS - PEOPLE AND FAMILIES IN NEED OF HEALTH CARE AND SOCIAL SERVICES, EMPLOYERS AND EMPLOYEES, AND PEOPLE AND ORGANIZATIONS PROVIDING CARE AND SERVICES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,547,746	8,004,004	8,229,862	13,009,820	10,221,380
b Contributions	2,025,772	25,986	120,000	4,000	1,026,588
c Net investment earnings, gains, and losses	1,154,328	517,756	-146,889	456,135	1,982,215
d Grants or scholarships					
e Other expenditures for facilities and programs				5,081,139	220,363
f Administrative expenses			198,969	158,954	
g End of year balance	11,727,846	8,547,746	8,004,004	8,229,862	13,009,820

2

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

a

Board designated or quasi-endowment

67.700 %

b

Permanent endowment

32.300 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

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		2,330,123		2,330,123
b Buildings		57,912,053	29,719,233	28,192,820
c Leasehold improvements		4,023,735	2,064,895	1,958,840
d Equipment		21,602,336	11,085,859	10,516,477
e Other		9,943,905	5,103,000	4,840,905
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				47,839,165

Schedule D (Form 990) 2017

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) DEFERRED ANNUITY	368,504
(2) FUNDED RESERVES	287,636
(3) FUNDS HELD IN TRUST	2,575,524
(4) LOAN RECEIVABLE FROM AFFILIATE	7,274,500
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,506,164

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	
DEFERRED COMPENSATION	189,832
ESTIMATED THIRD PARTY SETTLEMENT	780,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	969,832

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: SAMARITAS

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	SAMARITAS HAS PHYSICAL CUSTODY OF ASSETS HELD IN TRUST WHICH ARE NOT AVAILABLE FOR ITS USE THESE ASSETS MAY BE DISBURSED ONLY ON THE INSTRUCTIONS OF THE ORGANIZATION OR INDIVIDUAL FROM WHOM THEY ARE RECEIVED FUNDS IN THE AMOUNT OF \$220,836 INCLUDE FUNDS HELD IN TRUST FOR RESIDENTS, DEPOSITS AND PERSONAL FUNDS THESE ASSETS ARE RECORDED AT FAIR VALUE AS OF DECEMBER 31, 2017 SAMARITAS ALSO HOLDS \$2,354,688 IN TRUST FOR RESIDENTS' ENTRY FEE DEPOS ITS WITH MAPLE CREEK SENIOR LIVING, LLC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS CONSIST OF SEVEN ENDOWMENT FUNDS, AND WILL BE HELD IN PERPETUITY THE INVESTMENT EARNINGS ON THE ENDOWMENTS ARE INTENDED TO BE USED FOR SPECIFIC PROGRAMS, AS RESTRICTED BY THE DONOR, OR FOR OPERATIONAL AND CAPITAL NEEDS OF THE ORGANIZATION, AS DETERMINED BY THE INVESTMENT COMMITTEE BASED ON A PRUDENT ANNUAL CALCULATION THESE FUNDS ARE HELD BY THE SAMARITAS FOUNDATION THE FOUNDATION FILES ITS OWN FORM 990 AS IT IS NO LONGER INCLUDED IN THE SAMARITAS GROUP FILING

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CELEBRATION DINNER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	66,232			66,232
2	Less Contributions	12,532			12,532
3	Gross income (line 1 minus line 2)	53,700			53,700
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,162			2,162
	6 Rent/facility costs	18,192			18,192
	7 Food and beverages	15,313			15,313
	8 Entertainment	2,875			2,875
	9 Other direct expenses	7,673			7,673
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				46,215
11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,485	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAMARITAS

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
38-1360553

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3

Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) OUTREACH SERVICES	21987	2,153,290			
(2) SERVICES FOR PERSONS WITH DISABILITIES	68	1,911			
(3) MANAGEMENT CONTRACTS	1	20			
(4) FOSTER CARE AND PRESERVATION	6083	7,510,755			
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	INDIVIDUALS WHO RECEIVE ASSISTANCE FROM SAMARITAS MUST MEET ELIGIBILITY REQUIREMENTS THAT ARE SET BY THE GRANTING AGENCIES FOR THE SPECIFIC PROGRAMS PROGRAM MANAGERS MONITOR ELIGIBILITY TO ENSURE THAT THOSE SERVED MEET THE CRITERIA
GRANTS TO INDIVIDUALS DETAIL	THE TOTAL ASSISTANCE TO INDIVIDUALS OF \$9,665,976 IS BROKEN DOWN AS FOLLOWS \$7,510,755 - BOARD CARE FOR FOSTER CHILDREN - PAYMENTS MADE TO FOSTER PARENTS BASED ON DAILY RATES SPECIFIED BY THE MICHIGAN DEPARTMENT OF HUMAN RESOURCES (DHS) \$2,153,290 - SPECIAL NEEDS FOR REFUGEES ADULTS PROGRAM \$1,911 - SPECIAL NEEDS FOR PERSONS WITH DISABILITIES \$20 - MANAGEMENT CONTRACTS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization SAMARITAS	Employer identification number 38-1360553
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" 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?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAYS FOR THE CHIEF ADVANCEMENT OFFICER'S MEMBERSHIP TO A SOCIAL/ATHLETIC CLUB. THIS MEMBERSHIP IS ISSUED BY THE ORGANIZATION FOR DEVELOPMENT PURPOSES AND BUSINESS MEETINGS AND IS THEREFORE NOT INCLUDED IN THE EMPLOYEE'S TAXABLE INCOME.

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As Filed Data -

DLN: 93493257009288

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
38-1360553

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT CORP - CITY OF GRAND RAPIDS	52-1701965		07-08-2015	21,045,000	RENOVATE GRAND RAPIDS PROPERTY		X		X		X
B	MICHIGAN STRATEGIC FUND	52-1417332		07-08-2015	22,825,000	RE-FINANCE DEBT, RENOVATE FACILITY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	21,045,000		22,825,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	269,579		284,685					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			5,523,211					
11	Other spent proceeds	20,775,421		15,540,000					
12	Other unspent proceeds			1,477,104					
13	Year of substantial completion	2015		2015					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .	X			X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X				
b Exception to rebate?			X					
c No rebate due?				X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	MORGAN STANLEY		MORGAN STANLEY					
c Term of hedge	1000 0000000000 %		2358 4000000000 %					
d Was the hedge superintegrated?	X		X					
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PROCEDURES TO MONITOR 148 REQUIREMENTS	SAMARITAS IS REQUIRED TO PERIODICALLY MONITOR THE REQUIREMENTS OF SECTION 148 AND MAINTAIN COMPLIANCE OR CURE VIOLATIONS IN ACCORDANCE WITH THE NON-ARBITRAGE AND TAX COMPLIANCE CERTIFICATE AND RELATED MEMORANDUM PROJECT FUNDS HAVE BEEN FULLY DEPLOYED FOR THE PERMITTED INTENDED USES, AND NO LONGER REQUIRE PERIODIC REVIEW FOR COMPLIANCE

Return Reference	Explanation
FORM 8038-T, EXCEPTION TO REBATE	FORM 8038-T WAS NOT ISSUED AS SPENDING OF THE BOARD PROCEEDS COMPLIED WITH THE TWO-YEAR SPENDING EXCEPTION UNDER THE ARBITRAGE REBATE REQUIREMENTS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		51,999	COST
6 Cars and other vehicles	X	1	4,995	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	78,564	MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	24	956,059	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS
PART I, LINE 32B	SAMARITAS REFERS DONORS OF VEHICLES TO A THIRD PARTY WHO PREPARES THE VEHICLES FOR SALE ONCE THE VEHICLE HAS BEEN SOLD, THE PROCEEDS NET OF EXPENSES ARE REMITTED TO SAMARITAS

SCHEDULE O (Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

38-1360553

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>WE WALK WITH PEOPLE IN NEED, OFFERING HOPE AND COMPASSION WHILE UPHOLDING THEIR DIGNITY, A DVCATING FOR EQUALITY AND JUSTICE, AND SEEKING CREATIVE SOLUTIONS A SOCIAL MINISTRY OF T HE EVANGELICAL LUTHERAN CHURCH IN AMERICA (ELCA), SAMARITAS IS NOT JUST FOR LUTHERANS THE CHURCH HAS BEEN MEETING PEOPLE'S NEEDS SINCE THE EARLY 1900S WHEN A LUTHERAN "CITY MISSIO NARY" ARRIVED IN DETROIT TO PROVIDE SERVICES TO THE POOR FROM THE VERY BEGINNING, SAMARIT AS HAS REACHED OUT TO INDIVIDUALS REGARDLESS OF THEIR RELIGION, RACE, SEXUAL ORIENTATION O R ETHNICITY TODAY, MOTIVATED TO SERVE OTHERS AS AN EXPRESSION OF THE LOVE OF CHRIST, SAMA RITAS HELPS THOSE IN NEED REGARDLESS OF RELIGION, RACE, ETHNICITY OR NATIONAL ORIGIN THE ORGANIZATION WAS INCORPORATED AS THE LUTHERAN INNER MISSION LEAGUE IN 1934 TODAY, SAMARIT AS SPANS THE STATE'S LOWER PENINSULA WITH MORE THAN 70 PROGRAM SITES IN 40 CITIES SAMARIT AS DIVERSE STAFF SHARE A DEDICATION TO SERVING THEIR FELLOW HUMANS BY DOING THE RIGHT THIN G, FOR THE RIGHT REASONS, EVERY DAY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	HEARTLINE, INC IS REQUIRED TO HAVE ANY DECISIONS MADE BY ITS BOARD OF DIRECTORS ALSO APPR OVED BY THE BOARD OF DIRECTORS OF SAMARITAS, THEIR PARENT ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO SUBMISSION TO THE IRS, THE FORMS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE DIRECTOR OF FINANCE AFTER THE INITIAL REVIEW, THE FORM IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR FINAL REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRIT TEN CONFLICT OF INTEREST POLICY BY MONITORING CONTRACTS, INVOICES, AND PERSONNEL, AND BY R EQUESTING INFORMATION AT ALL BOARD MEETINGS IF A CONFLICT OF INTEREST IS FOUND, THE INDIV IDUAL(S) ARE PROHIBITED FROM VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION THE EXECUTIVE COMMITTEE DETERMINES CEO COMPENSATION USING COMPARATIVE DATA COMPILED BY INTERNAL AND EXTERNAL HUMAN RESOURCE SOURCES, ALONG WITH SPECIFIC GOAL ACHIEVEMENTS OTHER TOP COMPENSATION AT DIRECTION OF THE HUMAN RESOURCES DEPARTMENT, COMPARABLE DATA AND BUDGETARY GUIDELINES ARE USED TO DETERMINE COMPENSATION THE PROCESS FOR DETERMINING COMPENSATION OCCURS ANNUALLY, AND IT WAS CONTEMPORANEOUSLY SUBSTANTIATED FOR 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST COPIES CAN BE OBTAINED FROM JENNY CEDERSTROM AT 8131 EAST JEFFERSON AVENUE, DETROIT, MI 48214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST RATE SWAP 200,767 IMPAIRMENT OF INTANGIBLE ASSETS AND OTHER LOSSES -31 2,745 FOUNDATION BEGINNING NET ASSETS -14,219,687

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR REGARDING THE COMMITTEE OVERSIGHT PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGE IN NET ASSETS	IN 2017, THE SAMARITAS FOUNDATION BEGAN FILING ITS OWN FORM 990, AND IS NO LONGER INCLUDED IN THE SAMARITAS GROUP FILING AS A RESULT, THE BEGINNING NET ASSETS OF THE SAMARITAS FOUNDATION HAVE BEEN REMOVED FROM SAMARITAS' 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART H(A)	AFFILIATED ORGANIZATIONS LUTHERAN IN-HOME CARE EIN 45-3164676 ADDRESS 8131 E JEFFERSON AVE DETROIT, MICHIGAN 48214 HEARTLINE, INC EIN 38-2726270 ADDRESS 8131 E JEFFERSON AVE DETROIT, MICHIGAN 48214 LUTHERAN REHABILITATION SERVICES EIN 46-4907955 ADDRESS 8131 E JEFFERSON AVE DETROIT, MICHIGAN 48214 CHRISTIAN HOME HEALTH CARE EIN 74-3252227 ADDRESS 8115 E JEFFERSON AVE DETROIT, MICHIGAN 48214

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOPE DEVELOPMENT SOLUTIONS LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529686	DEVELOPMENT	MI	192,500	1,801	SAMARITAS
(2) DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSISTANCE	MI	-37	-660	SAMARITAS
(3) ADRIAN VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 46-0876659	HOUSING ASSISTANCE	MI	-49	-194	SAMARITAS
(4) VILLAGES PINES OF MONROE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 47-3801788	HOUSING ASSISTANCE	MI	-93	607,350	SAMARITAS
(5) LAKEVIEW CADILLAC HOLDING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 27-2825968	HOUSING ASSISTANCE	MI	631,356	4,685,635	SAMARITAS
(6) MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSISTANCE	MI	0	0	SAMARITAS

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DANISH VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 20-2660328	LOW INCOME HOUSING	MI	N/A	RELATED	-37	-660		No		Yes		0 010 %
(2) ADRIAN VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 45-4532834	LOW INCOME HOUSING	MI	N/A	RELATED	-49	-194		No		Yes		0 010 %
(3) VILLAGE PINES OF MONROE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 46-2026125	LOW INCOME HOUSING	MI	N/A	RELATED	-93	607,350		No		Yes		0 010 %

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SAMARITAS FOUNDATION	C	219,015	COST
(2)SAMARITAS FOUNDATION	E	40,257,896	COST
(3)SAMARITAS FOUNDATION	L	180,000	COST
(4)SAMARITAS FOUNDATION	Q	205,669	COST

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 38-1360553
Name: SAMARITAS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
HOPE DEVELOPMENT SOLUTIONS LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529686	DEVELOPMENT	MI	192,500	1,801	SAMARITAS
DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSISTANCE	MI	-37	-660	SAMARITAS
ADRIAN VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 46-0876659	HOUSING ASSISTANCE	MI	-49	-194	SAMARITAS
VILLAGES PINES OF MONROE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 47-3801788	HOUSING ASSISTANCE	MI	-93	607,350	SAMARITAS
LAKEVIEW CADILLAC HOLDING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 27-2825968	HOUSING ASSISTANCE	MI	631,356	4,685,635	SAMARITAS
MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSISTANCE	MI	0	0	SAMARITAS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8765 W HIGGINS ROAD CHICAGO, IL 60631 41-1568278	CHURCH	IL	501(C)(3)	LINE 1	N/A		No
1035 STANLEY STREET CHEBOYGAN, MI 49721 38-2593772	LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	SAMARITAS	Yes	
210 WILSON ST ALPENA, MI 49707 38-2534392	LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	SAMARITAS	Yes	
8131 E JEFFERSON AVE DETROIT, MI 48214 38-3112348	LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	SAMARITAS	Yes	
8131 E JEFFERSON AVE DETROIT, MI 48214 38-3258345	LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	SAMARITAS	Yes	
8131 E JEFFERSON AVE DETROIT, MI 48214 30-0141220	LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	SAMARITAS	Yes	
4950 GATESHEAD STREET DETROIT, MI 48236 20-8466348	LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	SAMARITAS	Yes	
8131 E JEFFERSON AVE DETROIT, MI 48214 38-3201490	ENDOWMENT FUND	MI	501(C)(3)	LINE 12A, I	SAMARITAS	Yes	