Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 201	6 calendar year, or tax year beg	inning 10/01, 201 6	, and ending		09/30, 20 17			
_			C Name of organization			D Employer identifi	ication number			
В	Check if a	applicable	GOOD SAMARITAN HOME E	FOUNDATION		46-19459	10			
	Addr		Doing business as							
T	_	e change	Number and street (or P O box if mail is	s not delivered to street address)	Room/suite	E Telephone numbe	er			
	Initia	l return	2130 HARRISON ST			(217) 223-	8717			
-	Final	return/	City or town, state or province, country	and ZIP or foreign postal code	L	<u> </u>	,			
x	Ame	inated nded	QUINCY, IL 62301			G Gross receipts \$	G Gross receipts \$ 3, 188, 285.			
		cation	F Name and address of principal officer	DENNIS WILLIAMS		H(a) Is this a group re				
_	pend	ling	2130 HARRISON ST QUIN			subordinates? H(b) Are all subordinate	\vdash			
$\overline{}$	Tay-e	kempt st	<u> </u>) ((insert no) 4947(a)(1)	or 527	-1 ''	list (see instructions)			
<u>:</u>			WWW.GSHQ.ORG/FOUNDATION		01 321	H(c) Group exemption				
ĸ		of organ	11	Association Other ▶	1 Veer of form	nation 2013 M Sta				
	art l		immary	Association	L real of form	mation 2010 W Sta	ne or regar dorniche ± 15			
L				TO SIII	DD/OT ጥሀር N	MISSION OF TH	F COOD			
4.	1		y describe the organization's mission ARITAN HOME OF QUINCY.	or most significant activities 10 30	FFORT THE I	413310N OF 111				
Governance		- Onin	AKTIAN NONE OF QUINCI:							
rna	١,	Charl				50/ -f tt-				
Š	2			discontinued its operations or dispose	ed or more than 2:	1	7.			
ග නේ	3		er of voting members of the governing	· · · · · · · · · · · · · · · · · · ·	DEAC	N/ED 3				
es	4		er of independent voting members of		KEUE	VEU 14				
Σ	٦		number of individuals employed in cal	· ' I' '		<u>5</u>				
Activities &	0		number of volunteers (estimate if neces			2020 10 6	+			
•			unrelated business revenue from Part		Aud 2.•	. ~	1			
	_ b	Net ur	nrelated business taxable income figure		<u> </u>		Current Year			
	١.	04-		ECEIVED	_OGD L I	V, U 1, 735	128,937.			
ne	8		butions and grants (Part VIII, line 1h)			0.				
Revenue	9		am service revenue (Part VIII, line 2g)		• • • • • •	36,189.				
å			ment income (Part VIII, column (A), lir		• • • • • •	30,169.	474,626.			
	11		revenue (Part VIII, column (A), line			87,924.	* * *			
	12		revenue - add lines 8 through 11 (mus			1,292,300.				
	13		s and similar amounts paid (Part IX, co			1,292,300.	_			
	14		its paid to or for members (Part IX, coli			0.	. 0.			
Expenses	15		es, other compensation, employee ber		0.	. 0.				
Sen			ssional fundraising fees (Part IX, colum		· · · · · · 	<u> </u>	·			
Ä	I		fundraising expenses (Part IX, column		·	184,913.	224,285.			
	17		expenses (Part IX, column (A), lines 1			1,477,213.	<u> </u>			
	18		expenses Add lines 13-17 (must equa			-1,389,289.				
es o	19	Reven	ue less expenses Subtract line 18 fro	m line 12		ginning of Current Year				
ts o	20	.			Ge.	13,410,147.	End of Year 13, 305, 510.			
Sala	20		assets (Part X, line 16)			13,410,147.				
Net Assets of Fund Balance	21		labilities (Part X, line 26)				321,651.			
			sets or fund balances Subtract line 2	1 from line 20	 	13,410,147.	12,903,039.			
	rt II		gnature Block							
true	e, corre	ect, and	f perjury, declare that I have examined the complete Declaration of preparer (other that	in officer) is based on all information of whi	ch preparer has any	knowledge	, knowledge and beller, it is			
			/ He I HAT	17 -K		V 9/	14/2020			
Sig	n		Signature of officer	Y		Date P	14 /2020			
He			DAVID G STIEGL	CFO/ASSOCIA	TE ADMINI					
			Type or print name and title	112 (10/433001)	TE POMINI	STE ATOR				
			Type preparer's name	Prepare signature	Date	Object	PTIN			
Paid	i		AN D TODD	Buon bode	08/12/20	Check if self-employed	P00422601			
Pre	parer		. DVD TID	1/2 100-1	33/12/20	Firm's EIN ▶ 44				
Use	Only	Firm's	<u> </u>	ov 1100 oppy		417	865-8701			
Mar	tho !		address ▶910 E ST LOUIS #200/PO B cuss this return with the preparer show		23	Phone no 417	137			
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ror	rape	rwork i	Reduction Act Notice, see the separa	te instructions		12	Form 990 (2016)			
ISA						63	•			

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2	Pari	Checklist of Required Schedules	,	· · · ·	
2 Is the organization required to complete Schedule 8. Schedule of Contributions (see instructions)? 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 II. 4 Section 591(c)(3) organizations. Did the organization engage in lobbying activities on have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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 99-19? If "Yes," complete Schedule C, Part III. 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 II. 7 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 II. 8 Did the organization distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 9 Did the organization distribution or investment of amounts on other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization interest or 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 regolation services? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for linking duestions is "Yes," then complete Schedule D, Part V. 11 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for inv			\Box	Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?. 3 Did the organization engage in clienct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part I. 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 "Pes," complete Schedule C, Part III. 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 99-19" If "Yes," complete Schedule C, Part III. 5 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 II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instruct land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, instructional description of the environment, instruct land areas, or historic structures? If "Yes," complete Schedule D, Part IV. 9 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or guas-endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or guas-endowments? If "Yes," complete Schedule D, Part VI. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," organization report an amount for other sassts in Part X, line 10? If "Yes," complete Schedule D, Part X in. 11 Did the organization report an amount for other sassts in Part X	1	***************************************			
Did the organization engage in direct or indirect pollitical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 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. Is the organization approach of 501(c)(4) of 501(c)(5) or 501(c)(6) organization hat receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. 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 II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical bractics structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collictions of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability to restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for line structures in Part X, line 10 fires, organization and the part X line 10 fires, organization and the part X line 10 fires, organization and the part X line 10 fires, organ			-		
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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					
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, X, 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 b Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 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. 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 VIII. 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. 110 X 111 X 112 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 X. 112 Did the organization separate, independent audited financial statements for the tax year individe a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 115 X 116 Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional 117 Yes," and if the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 118 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 organizatio		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 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. 14 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. 15 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. 16 Did the organization report an amount for other liabilities 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. 17 Did the organization report an amount for other liabilities 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 X. 18 Did the organization report an amount for other liabilities 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 X. 19 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X Interest Yes," complete Schedule D, Part X X Interest Yes," complete Schedule D, Part X X Interest Yes, and if the organization answered "No" to line 12a, then completing Schedule D, Parts X I and XII is optional. 13 Is the organization asset of the United States? 14 Did the organization asset of the United States? 15 Did the organization asset of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedul	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
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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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 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 . 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X* 14a Did the organization maintain an office, employees, or agents outside of the United States? . 14b 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 II and IV . 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 III and IV . 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . 16 X 17 X 18 Did the organization report at 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, Pa	С				
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E			12a		Х
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	· · ·			v
14a Did the organization maintain an office, employees, or agents outside of the United States?	4.5		-		
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		· · · · · · · · · · · · · · · · · · ·	-		
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			14a		^
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	D				
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			446		x
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5	· · · · · · · · · · · · · · · · · · ·	140		Λ.
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	13		15		х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		3		
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)	10		16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
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			17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
If "Yes," complete Schedule G, Part III	19]]	
		If "Yes," complete Schedule G, Part III	19_		X

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 19 If "Yes," complete Schedule I, Parts I and II	21	X	
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 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		Х
26	If "Yes," complete Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		•	
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable			.,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Λ	

Par				
	Check if Schedule O contains a response or note to any line in this Part V			لبياخ
		Name of the last	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\$2.74.7 \$2.675	と多様	
	Enter the number of Forms W-2G included in line Ta Enter-0- If not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	الله عالمة	<u>"Łydóń</u>	5.758 F
•	reportable gaming (gambling) winnings to prize winners?	1c	w. 58865	N 188822
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			Ales
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	門幣	ang sing play
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		5 NOW	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			Х
	account)?	4a ∜%5.	} "}dd"	14.35
ь	If "Yes," enter the name of the foreign country		和漢	5.独
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	25		
	(FBAR)	En	eresse.	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	·	6b		
7	gifts were not tax deductible?	57 Va 1.1	4. 4.4	1,375
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		段继	
а	and services provided to the payor?	7a	<u> </u>	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ė
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ŭ	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		** Z.;	7.7
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		(10 Life	温源
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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 [10b]		and the	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	200		
	against amounts due or received from them)	1 1 2 2	<u> </u>	والمراجعة المراجعة
	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a	1275 157	ato coste
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers	3 8 8 8 11		<u>.u.</u>
	Is the organization licensed to issue qualified health plans in more than one state?	13a	YATE OF	QE 99388
	Note. See the instructions for additional information the organization must report on Schedule O		數字	
	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		ti.	
	Enter the amount of reserves on hand	129级(1)	核外管	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Sect	ion 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 <u>1a</u>		Ž.	1,3
	If there are material differences in voting rights among members of the governing body, or if the governing		14 - 35 26	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	100		學學
b	Enter the number of voting members included in line 1a, above, who are independent	7) () ()
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	Х	
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	\$ 1,5 °	\$ ~7¢	71. 3
•	the year by the following	4.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Secti	on 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		X
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	6211674	1740	CIN
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	6. 43	74 M	200
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1073		生物
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	4		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		∑ (të	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	はない	200 T	W.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	24-33		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	,	, , · , ·	,,
	Own website Another's website X 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 int	erest	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 record good SAMARITAN HOME - QUINCY 2130 HARRISON QUINCY, IL 62301 217-223-8717	ls ▶ ˈ		
	GOOD SAMARITAN HOME - QUINCY 2130 HARRISON QUINCY, IL 62301 217-223-8717			

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	ractors								

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any	box.	not ch unles	s pei	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)BOB JOHNSON	1.00										
DIRECTOR	0.	Х		ŀ				0.	0.	0.	
(2)ANDREW CASHMAN	1.00		\vdash	一	_		ļ				
DIRECTOR	0.	Х						0.	0.	0.	
(3)STEVE WAVERING	1.00										
DIRECTOR	0.	Х	İ					0.	0.	0.	
(4)JERRY JACKSON	1.00		_				_				
DIRECTOR	0.	Х						0.	0.	0.	
(5)TODD MOORE	1.00										
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.	
(6)MIKE BICKHAUS	1.00			一							
VICE PRESIDENT	0.	Х		Х				0.	0.	0.	
(7)DENNIS WILLIAMS	1.00										
PRESIDENT	0.	Χ	ľ	Х				0.	0.	0.	
(8)MICHAEL DUFFY	5.00										
CEO	0.			Х				0.	0.	0.	
(9)JUDY GRAHAM	10.00										
CFO ENDING 12/2016	0.			х				0.	0.	0.	
(10)STEPHANIE ERWIN	10.00									-	
CFO	0.			х				0.	0.	0.	
(11)											
(12)				-							
(13)											
(14)				+							

Form 990 (2016)

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Pac	ıe	8

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and I	ligl	hest Compensat	ed Employees (continued)	
Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos neck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization	t
									_		
									•		
c Total from continuation sheets to Part VII, Section A										0. 0.	
reportable compensation from the organization	1 ▶	0.	•							Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								X			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual								X			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year											
(A) Name and business address								(B) Description of se	rvices	(C) Compensation	
ATTACHMENT 1							+	,	-		
	_				_		+				
O Table and a death of the second			. 1 :	.4 -		. 41 -					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				iited	u to	tnos	e II	sted above) who	received	r 990 /	

Form 990 (2016) GOOD SAMARITAN HOME FOUNDATION 46-1945910									
Pa	rt VIII	> Statement of Revenue				-			
	`	Check if Schedule O contains a	esponse or note to ar	y line in this Part \	<u>/III </u>				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1a						
	h	Total_Add lines 1a-1f		128,937					
Program Service Revenue	2a b c d		Business Code						
rog	f	All other program service revenue				CONTRACTOR OF THE SERVICE SPE	SE TORON SOUTH ASSOCIA		
-	g	Total Add lines 2a-2f		0	SEA OF LABOUR SERVICES.				
-	3 4 5	Investment income (including and other similar amounts)	t bond proceeds . ▶	259,886 0			259,886		
	6a b c	Gross rents		0					
	7a_	Gross amount from sales of (i) Secur	nties (ii) Other						
Other Revenue	b	Call Of (1035)	1,722 3,740	214,740			214,740		
	d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a0						
ō		Less direct expenses					SOMETICAL STEERS		
	9a	Net income or (loss) from fundraising of Gross income from gaming activities See Part IV, line 19							
		Less direct expenses Net income or (loss) from gaming act		0	THE PARTY OF THE P				
	10a	Gross sales of inventory, less returns and allowances	· · a 0						
		Less cost of goods sold	· · · · · · · · · · · · · · · · · · ·	0					
	44-	MISCERATEOUS L'EVERTUE	Busiliess Code	14.46.48.48.48.19.19.19.1					
	11a b								
	С								
	d	All other revenue				7.54 298 (7.85 to 10.10 to 10.10 to 10.10	ACCOMPANY DESCRIPTION OF THE PROPERTY OF THE P		
	.е 12	Total Add lines 11a-11d Total revenue See instructions		603,563			474,626		
	• =	. Julia revenue Dec manucliono	🚩	0001000	i	ı	, 020		

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 706 457	1 706 457		
	and domestic governments See Part IV, line 21	1,706,457.	1,706,457.		<u> </u>
2	Grants and other assistance to domestic	0.			
	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign		,		,
	organizations, foreign governments, and foreign	0.			ł
	Individuals See Part IV, lines 15 and 16 Benefits paid to or for members	0.			<u>_</u>
5	Compensation of current officers, directors, trustees, and key employees	0.			
_		-			
ь	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and			_	
	persons described in section 4958(c)(3)(B)	0.		7	
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
u	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	• 0.			
11	Fees for services (non-employees)				
	Management	120,000.		120,000.	
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV line 17.	0.			
f	Investment management fees	95,538.		95,538.	·
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.	-		·
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	8,747.		8,747.	
	ı	0.		-,	
	Other expenses Itemize expenses not covered				ì
	above (List miscellaneous expenses in line 24e If				Į.
	line 24e amount exceeds 10% of line 25, column				i
	(A) amount, list line 24e expenses on Schedule O)				
а					
b					
c					
d	Ţ.				
	All other expenses				
	Total functional expenses Add lines 1 through 24e	1,930,742.	1,706,457.	224,285.	
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				
	following SOP 98-2 (AŞC 958-720)	0.		_	

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Forn	990 (2016)			Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	•	0
	2	Savings and temporary cash investments	364,226.	2	322,888
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
	6	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			
ß	_	organizations (see instructions) Complete Part II of Schedule L	0.	6	0
ssets	7	Notes and loans receivable, net	0.	7	0
As	8	Inventories for sale or use	0.	8	0
	9	Prepaid expenses and deferred charges	0.	9	0
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
	l	Less accumulated depreciation	12 020 270	10c	0
	11	Investments - publicly traded securities	13,029,379.		12,966,080
	12	Investments - other securities See Part IV, line 11		•-	0
	13	Investments - program-related See Part IV, line 11			0
	14	Intangible assets	0.		0
	15	Other assets See Part IV, line 11	16,542. 13,410,147.		16,542
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,305,510
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable		18 19	0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities		20 21	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0
ies	22	Loans and other payables to current and former officers, directors,			
悥		trustees, key employees, highest compensated employees, and			
Liabilities	~~	disqualified persons Complete Part II of Schedule L	0.	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	0.	25	321,651.
	26	of Schedule D	0.	25 26	321,651.
\dashv	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	0.	20	321,031.
Balances		complete lines 27 through 29, and lines 33 and 34.			-,
ᆲ	27	Unrestricted net assets	13,410,147.	27	12,983,859.
Ba	28	Temporarily restricted net assets	0.	28	0
Fund	29	Permanently restricted net assets	0.	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			\
3	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	13,410,147.	33	12,983,859.
	34	Total liabilities and net assets/fund balances	13,410,147.	34	13,305,510.

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULÊ A

Public Charity Status and Public Support

(Form 990 or 990-EZ)

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

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
GOOD SAMARITAN HOME FOUNDATION

Employer identification number

46-1945910

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art) See instructions	
The	org	anization is not a private fou	ndation because it	is (For lines 1 through	h 12, ch	eck 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 secti	on 170(b)(1)(A)(II)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	
3		A hospital or a cooperative	hospital service of	rganization described	n sectio	n 170(b)	(1)(A)(iii)	
4		A medical research organiz	zation operated in (conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii) Enter the
		hospital's name, city, and si		•	•		, ,, ,, ,	. ,
5		An organization operated		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		ŭ	•	·	, ,	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	•					om the general public
		described in section 170(b)						
8		A community trust describe		•	Part II)			
9		An agricultural research or	•			operated	I in conjunction with a	land-grant college
•		or university or a non-land-						
		university	grant concess or ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0		indirio, only, and orace of	tile college of
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization organization organization.	ted to its exempt f nent income and ui in after June 30, 19	unctions - subject to on nrelated business tax 1975 See section 509	certain e able inco (a)(2). (0	xception ome (less complete	is, and (2) no more tha s section 511 tax) from e Part III)	n 331/3 % of its
11	х	An organization organized						arai aut tha auracea
12	_	• •	•	•			•	, ,
		of one or more publicly su						
	Г	Check the box in lines 12a t	-					
а	L	Type I A supporting orga	•	•	-			
		the supported organization				ajority of	r the directors or truste	es of the
		supporting organization `	•	· · · · · · · · · · · · · · · · · · ·				. (-) b b
þ	L	X Type II A supporting org	•					
		control or management of			the sam	e persor	is that control or man	age the supported
		organization(s) You must	•			_		
С	L	Type III functionally interpreter						ly integrated with,
		its supported organization						
d	L	Type III non-functionally						
		that is not functionally into		• •	•		•	an attentiveness
	_	requirement (see instruct	•	•				. 🛶
е	L	$\frac{X}{X}$ Check this box if the orga						I, Type III
	_	functionally integrated, or			-	_		
T		ter the number of supported	_					1
<u>g</u>		ovide the following information			f		<u> </u>	
	(I) N	ame of supported organization	(II) EIN	(danaghad as lises 4.40	(IV) is the	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
-		OUMPIUM 1		above (see instructions))		ment?	instructions)	instructions)
	7.1.1	ACHMENT 1			Yes	No		
(A)						•	-	
(B)								
(C)								
					 	 		
(D)								

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

Schedule A (Form 990 or 990-EZ) 2016

1,706,457.

(E)

Total

_		•
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Pa	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)						
Sec	tion A. Public Support		-			-	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				1		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4						
Sec	tion B. Total Support				1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years If the Form 990 is forganization, check this box and stop here	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2016 (li	ne 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2015 Schedule A, Part II, line 14						
16a	a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check						
	this box and stop here. The organization qualifies as a publicly supported organization						
b	b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,						
	check this box and stop here. The orga			_			
17a	a 10%-facts-and-circumstances test - 2016 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	2015. If the organization meets	ganization did r s the "facts-an	ot check a box d-circumstances	on line 13, 16 " test, check t	a, 16b, or 17a, his box and st	op here.
18	supported organization Private foundation. If the organization						▶ 🗀

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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)

<u>Sec</u>	tion A. Public Support						,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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			 				
4							•
	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
ь	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)		<u></u>				
<u>Sec</u>	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				•		
10 a	Gross income from interest, dividends,					ĺ	
	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						
С	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						
12	(Explain in Part VI)						
13	· · · · · · · · · · · · · · · · · · ·						
	and 12)		tions for the co	- d 65d 5			[
14	First five years If the Form 990 is for	•	•				
	organization, check this box and stop here .			<u> </u>	· · · · · · · · · · · · · · · · · · ·		🚩
	tion C. Computation of Public Sup			461			
15	Public support percentage for 2016 (line 8,					15	<u>%</u>
16	Public support percentage from 2015 Sche			<u>.</u>		16	<u> %</u>
Sec	tion D. Computation of Investmen	<u>it Income Per</u>	centage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2016 (lin					17	%
18	Investment income percentage from 2015 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2016 If the org					e than 331/3 %,	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The orga	anization qualifies	s as a publicly	supported organ	ization ►
b	331/3% support tests - 2015 If the orga		-				
	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization of		•				. —
ISA				, ,			90 or 990-EZ) 2016

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PAGE 16

Sent IV

Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	- <u>x</u>	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		- x
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	 3a		×
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	 4a		×
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	 4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		X
	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		- <u>x</u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	 10a		$\frac{1}{x}$
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

	activities constituted substantially all of its activities
of the orgai reasons for	vities described in (a) constitute activities that, but for the organization's involvement, one or more nization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the the organization's position that its supported organization(s) would have engaged in these it for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	cl
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this <u>regard</u>	

2a

2b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	-	. , ,	•
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	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions	<u></u>		Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	•	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations		
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 resp	onsive		
	(provide details in Part VI) See instructions		<u> </u>		
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount		<u></u>		
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iII) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
	Underdistributions, if any, for years prior to 2016			,	
2	(reasonable cause required-explain in Part VI) See				
	instructions			<u></u>	
3	Excess distributions carryover, if any, to 2016				
а		<u></u>		<u>-</u>	
b	1				
С	From 2013	******	1		
d	From 2014				
e	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount		- Andreaman		
i	Carryover from 2011 not applied (see instructions)				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2016 from ·				
	Section D, line 7 \$				
а	Applied to underdistributions of prior years		<u>-</u> .		
b	Applied to 2016 distributable amount				
С	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if			;	
	any Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2017 Add lines 3j				
	and 4c				
8	Breakdown of line 7			* .	
а			. <u> </u>		
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015	-			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016....

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

SCHEDULE A, PART IV, SECTION C, LINE 1

ORGANIZATION MANAGEMENT:

ACCORDING TO REG SECT 1.509(A)-4(H)(1), IN ORDER FOR A SUPPORTING ORGANIZATION TO BE "SUPERVISED OR CONTROLLED IN CONNECTION WITH" ONE OR MORE PUBLICLY SUPPORTED ORGANIZATIONS, THERE MUST BE COMMON SUPERVISION OR CONTROL BY THE PERSONS SUPERVISING OR CONTROLLING BOTH THE SUPPORTING ORGANIZATION AND THE PUBLICLY SUPPORTED ORGANIZATIONS TO ENSURE THAT THE SUPPORTING ORGANIZATION WILL BE RESPONSIVE TO THE NEEDS AND REQUIREMENTS OF THE PUBLICLY SUPPORTED ORGANIZATION(S). THEREFORE, IN ORDER TO MEET SUCH REQUIREMENT, THE CONTROL OR MANAGEMENT OF THE SUPPORTING ORGANIZATION MUST BE VESTED IN THE SAME PERSONS THAT CONTROL OR MANAGE THE PUBLICLY SUPPORTED ORGANIZATIONS.

THE MOST COMMON WAY TO SATISFY THIS REQUIREMENT IS WITH 50% BOARD OVERLAP, HOWEVER, THAT IS NOT REQUIRED. GOOD SAMARITAN HOME OF QUINCY, EIN 37-0724112, IS THE SUPPORTED ORGANIZATION. THE CEO AND CFO OF GOOD SAMARITAN HOME OF QUINCY ARE ELECTED OFFICERS OF THE FOUNDATION AND THE FOUNDATION HAS A MANAGEMENT AGREEMENT WITH THE HOME IN WHICH THE HOME PROVIDES MANAGEMENT AND FINANCIAL OVERSIGHT. THERE ARE ALSO THREE OUT OF SEVEN OVERLAPPING BOARD MEMBERS BETWEEN THE TWO ORGANIZATIONS. THE CEO, CFO, AND THREE BOARD MEMBERS THAT ALSO SERVE ON THE GOOD SAMARITAN HOME OF QUINCY BOARD COMBINE FOR A TOTAL OF FIVE OUT OF NINE GOOD SAMARITAN HOME FOUNDATION BOARD MEETING ATTENDEES, WHICH IS GREATER THAN 50%.

ACCORDING TO THE GOOD SAMARITAN HOME FOUNDATION BYLAWS, THE PRESIDENT,

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.)

FIRST VICE PRESIDENT, AND SECOND VICE PRESIDENT OF GOOD SAMARITAN HOME OF QUINCY WILL ALWAYS SERVE ON THE BOARD OF GOOD SAMARITAN HOME FOUNDATION. ADDITIONALLY, THE FINANCE TEAM FROM GOOD SAMARITAN HOME OF QUINCY OVERSEES ALL FINANCES FOR BOTH ORGANIZATIONS. THE ORGANIZATIONAL DOCUMENTS ALSO STATE THE ORGANIZATION'S PURPOSE IS TO RECEIVE AND DISBURSE FUNDS, PROPERTY, AND GIFTS OF ANY KIND EXCLUSIVELY FOR THE BENEFIT OF GOOD SAMARITAN HOME OF QUINCY, A 501(C)(3) TAX-EXEMPT ORGANIZATION CLASSIFIED UNDER SECTION 509(A)(2). UPON DISSOLUTION OF GOOD SAMARITAN HOME FOUNDATION, ALL ASSETS WILL BE DISTRIBUTED TO GOOD SAMARITAN HOME OF QUINCY.

				ATTACHMENT	L
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
GOOD SAMARITAN HOME OF QUINCY	37-0724112	10	x	1,706,457	0
TOTAL AMOUNT OF SUPPORT				1,706,457	0

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Employer identification number

OMB No 1545-0047 Open to Public Inspection

GOO	D SAMARITAN HOME FOUNDATION		46-1945910
Pa	Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	d "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 dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
Pa	t I Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., re	· []	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization is	neld a qualified conservation contribution in	the form of a conservation Held at the End of the Tax Year
	easement on the last day of the tax year		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (24
•	historic structure listed in the National Register Number of conservation easements modified, tra		2d
3	tax year	insterred, released, extinguished, or termin	lated by the organization during the
4	Number of states where property subject to cons	ervation easement is located •	
5	Does the organization have a written policy re		uon handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
	>	3	3 ,
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year
	▶ \$		-
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		ial statements that describes the
	organization's accounting for conservation easem		0: 1
Pa	Organizations Maintaining Collection		r Similar Assets.
	Complete if the organization answered	·	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simi	SFAS 116 (ASC 958), not to report in its i	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that des	cribes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other simi		cation, or research in furtherance of
	public service, provide the following amounts rela	-	> 0
	(i) Revenue included in Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
-	following amounts required to be reported under 3 Revenue included in Form 990, Part VIII, line 1		
a b	Assets included in Form 990, Part VIII, line 1		
	aperwork Reduction Act Notice, see the Instructions for	or Form 990	Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

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

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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 valua Cost or end-of-year mar	ition
(1) Financi	al derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)	•			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				-
Total (Colum	in (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII			<u>, , , , , , , , , , , , , , , , , , , </u>	
	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 value Cost or end-of-year mar	ation
(1)				
(2)				
(3)	, -			
(4)				
(5)				
(6)				
(7)				•
(8)				·
	n (b) must equal Form 990, Part X, cot (B) line 13) ▶			
Part IX	Other Assets.			
I all IA	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d See Form 990), Part X, line 15
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
	umn (b) must equal Form 990, Part X, col (B) li	ne 15)		
Part X	Other Liabilities. Complete if the organization answered line 25			rm 990, Part X,
1	(a) Description of liability	(b) Book value	•	
	ral income taxes	(b) BOOK Value		
	GES PAYABLE	321,6	551	
	OLO TATABLE	321,0	551.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 321,6	551.	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements to	hat reports the
	's liability for uncertain tax positions under FIN 48			

P	30	e	4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	rn.
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	
b	Donated services and use of facilities	7
c	Recoveries of prior year grants	7
d	Other (Describe in Part XIII)	
	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	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ref Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	urn.
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	
а	Donated services and use of facilities	-
	Prior year adjustments	-
	Other losses	-
ď	Other (Describe in Part XIII)	
_	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b	┥ ┃
b	Other (Describe in Part XIII)	4c
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F t XI, lines 2d and 4b Also complete this part to provide any additional info	
		
	•	
		
		
	·	

JSA 6E1271 1 000 Part XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

GOOD SAMARITAN HOME FOUNDATION

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

▶ Attach to Form 990 Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Publ

OMB No 1545-0047

irs.gov/form990.

Employer identification number

46-1945910

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

Part II Grants and Other Assistance to Domes 990, Part IV, line 21, for any recipient the

1 (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) GOOD SAWARITAN HOME OF QUINCY							
2130 HARRISON STREET QUINCY, IL 62301	37-0724112	501 (C) (3)	1,706,457				SUPPORT
(2)							
(3)							
-	:						
(4)							
(5)							
(9)		•					
(2)							
(8)						:	
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table	government c	rganizations lis	ted in the line 1 tat			•	1.
3 Enter total number of other organizations listed in the		1 table	ine 1 table			A	

JSA 6E1288 1 000

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

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PAGE 33

Schedule I (Form 990) (2016)

46-1945910

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 Schedule I (Form 990) (2016) Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal other)	(f) Description of non-cash assistance
	•					
,						
rt IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	information red	quired in Part I, I	ine 2, Part III, o	olumn (b), and any o	ther additional

SCHEDULE I, PART I, LINE 2

MONITORING USE OF GRANT FUNDS:

GOOD SAMARITAN HOME FOUNDATION MAINTAINS A CLOSE RELATIONSHIP WITH GOOD

SAMARITAN HOME OF QUINCY WHICH ENABLES THE ORGANIZATION TO MONITOR THE

USE OF ASSISTANCE PROVIDED.

V 16-7.17

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

2016
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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number 46-1945910

Name of the organization

GOOD SAMARITAN HOME FOUNDATION

FORM 990, ITEM B

170(B)(1)(A)(VI).

AMENDED RETURN:

THE ORGANIZATION IS AMENDED TO REFLECT A CHANGE IN PUBLIC CHARITY STATUS.

THE ORGANIZATION HAS CHANGED SCHEDULE A TO REFLECT FILING AS A TYPE II

SUPPORTING ORGANIZATION RATHER THAN AN ORGANIZATION UNDER SECTION

THE ORGANIZATION ALSO UPDATED THE WEBSITE ON LINE J OF PAGE ONE AND ADDED THE GOOD SAMARITAN HOME OF QUINCY TO THE INDEPENTDENT CONTRACTORS LISTED ON PART VII.

VII.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS:

MICHAEL.DUFFY (CEO), JUDY GRAHAM (CFO ENDING 12/16), AND STEPHANIE ERWIN (CFO) ARE EMPLOYED BY GOOD SAMARITAN HOME OF QUINCY.

FORM 990, PART VI, SECTION A, LINE 3

DELEGATION OF MANAGEMENT DUTIES:

GOOD SAMARITAN HOME OF QUINCY PROVIDES MANAGEMENT SERVICES TO GOOD SAMARITAN HOME FOUNDATION UNDER A MANAGEMENT CONTRACT TO OPERATE AND ASSIST WITH FUNDRAISING NEEDS OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B

REVIEW OF THE FORM 990:

Name of the organization
GOOD SAMARITAN HOME FOUNDATION

Employer identification number 46-1945910

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. A DRAFT OF THE RETURN IS REVIEWED BY THE BOARD BEFORE BEING FINALIZED.

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

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT & CONFIDENTIALITY AGREEMENT. IF ANY CONFLICTS/ISSUES ARISE, IT IS

IMMEDIATELY DEALT WITH BY THE EXECUTIVE COMMITTEE, ADMINISTRATION AND OR BOTH.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE

MADE AVAILABLE BY REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

GOOD SAMARITAN HOME OF QUINCY 2130 HARRISON STREET QUINCY, IL 62301 MANAGEMENT SERVICES

120,000.