Form 990-T	E>	empt Organizat			siness Inc			rna	ОМВ	No 1545-0687	
Tom GGG I	For cale	and prox ndar year 2018 or other tax ye						07 20 <u>19</u>	. 2	2018	
Department of the Treasury	► Go to www irs gov/Form990T for instructions and the latest information					ļ			_		
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							Public Inspection for Organizations Only			
A Check box if address changed						ployer identification number ployees' trust, see instructions)					
	-	COOD SAMADITAN	HOME	FOU	ארט ער די ער וא						
B Exempt under section X 501(C) 3)	Print	GOOD SAMARITAN Number, street, and room or s				<u> </u>		46-1	945910		
	or	Tramber, street, and room or s	outle 110 1	1010	box, see instruction	3				ess activity code	_
408(e) 220(e) 408A 530(a)	libbe	Type 2130 HARRISON ST (See instructions)									
529(a)	ή	City or town, state or province		v. and Z	ZIP or foreign postal of	code		1			
C Book value of all assets	1	QUINCY, IL 6230			· .						
at end of year	F Gro	up exemption number (See		ions)	>			-			_ ,
13,820,072.	G Che	ck organization type	X 501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust	
H Enter the number of	f the orga	nization's unrelated trades o	r busine	sses			Describ	e the only	(or first) u	ınrelated	
trade or business he	re ▶ <u>A</u> '	TCH 1			If (only one,	complete Parts	I-V If mor	e than one	, describe the	
first in the blank spa	ace at the	end of the previous sente	nce, cor	mplete	Parts I and II, con	nplete a S	chedule M for ea	ich additio	nal		
trade or business, th								•			_
		corporation a subsidiary in				ubsidiary o	controlled group?		▶∟	Yes X No	0
		identifying number of the pa						7 000	0717		
		OOD SAMARITAN HOM	E - (50 I N			ne number ▶ 21		-8/1/ T		_
7		or Business Income		1	(A) Incom	1e	(B) Expe	ıses	+	(C) Net	_,
/1a Gross receipts or				١.			^		1		
b Less returns and allows			alance 🟲						 	<i></i>	-¦
•	•	ule A, line 7)		2							
•		2 from line 1c		3 4a					4		
		ttach Schedule D) Part II, line 17) (attach Form 47)		4a 4b					1		_
- , , ,		rusts		4c				/			_
		r an S corporation (attach statement)		5							_
				6		,					_
		come (Schedule E)		7							
_		ents from a controlled organization (Si		<u> </u>							_
		1(c)(7), (9), or (17) organization (Sci					ĺ			-	_
		ncome (Schedule I)	-	10		1			1		_
	-	lule J)		11	ages?	, P					_
		tions, attach schedule)		12							_
13 Total Combine li	nes 3 thr	ough 12		13		0.					_
	ns Not	Taken Elsewhere (Se	e insti	ructio	ns for limitation	ns on c	leductions)(Except :	for contr	ibutions,	
Q deduction	is must	be directly connected	with t	heس	related b <u>usine</u>	ess inco	me)		_,		_
Compensation of Salaries and wage Repairs and mair 17 Bad debts	officers,	directors, and trustees (Scho	edule K	<u>.</u>		REC	HIVE	14		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	_
5 Salaries and wag	es		. /.			• • • •	111	10 15			_
6 Repairs and mair	tenance	/·			[음] .	. עוות	ያቸው ስዕላል '	16 16	ļ		_
17 Bad debts						Ä	۷۷۷۵ بولغ	₩ 17			_
18 Interest (attach s	chedule) -	(see instructions)			1 1			<u> Œ 18</u>	- 		_
	s				<i></i> . <u></u>	OGD	EN: UT	19			
-20 Charitable contri	outions (3	see instructions for ilmitation	i ruies)					20 الب			
721 Depreciation (att		4562)							-		
		or Schedule A and elsewho									_
									1	 -	_
		compensation plans									_
		Sahadula IV							T .		_
		Schedule I)							T		_
		chedule J)									_
		s 14 through 28									_
		le income before net op									_
/		g loss arising in tax years l	-								<u> </u>
/		e income Subtract line 31 f									''
For Paperwork Reduct	tion Act N	lotice, see instructions			<u></u>		<u> </u>	<u> </u>		orm 990-T (201	^
8X2740 1000 1665MX K92	29 8/1	11/2020 1:18 28	PM	V 1	8-8.6F		1172816	.1		PAGE	

6.7	990 T (2			Page 2
Pai	t III 🚶	Total Unrelated Business Taxable Income		
33		of unrelated business taxable income computed from all unrelated trades or businesses (see tions)	38	
34	Amoun	ts paid for disallowed fringes	34	,
35	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see tions)		
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum. 33 and 34		
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.
38	Unrela	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
		ne smaller of zero or line 36		0.
Pa		Tax Computation	, , 	-
39	Òrganı	zations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax on	-	
	the am	ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶) <u> </u>	
41		ax See instructions		_
42		tive minimum tax (trusts only)		
43	Tax on	Noncompliant Facility Income See instructions	43	
44	Total. A	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Pai	t V [[Tax and Payments		•
45 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	<u> </u>	
b	Other o	redits (see instructions)]	
c	Genera	business credit. Attach Form 3800 (see instructions).]	
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)]_i _	
е	Total c	redits Add lines 45a through 45d]45e	
46		ct line 45e from line 44	14.	
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
48		ax Add lines 46 and 47 (see instructions)		0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.1	1 1 1	
		nts A 2017 overpayment credited to 2018		
		stimated tax payments	1	
		posited with Form 8868	1	
		n organizations Tax paid or withheld at source (see instructions)	1	
		withholding (see instructions)	1	٠.
		for small employer health insurance premiums (attach Form 8941) 50f	1 [
		redits, adjustments, and payments Form 2439	1 !	
9		orm 4136 Other * Total ▶ 50g		
51		ayments Add lines 50a through 50g	50 .	
52		ted tax penalty (see instructions) Check if Form 2220 is attached	52	
53		e If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		
54		yment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
5.8	•	e amount of line 54 you want		
Pai	t VI	Statements Regarding Certain Activities and Other Information (see instruction		
56		time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	- 1	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
	here ▶	· · · · · · · · · · · · · · · · · · ·	,	$\frac{1}{X}$
57	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	uan taust?	X
37	•	rine tax year, one the organization receive a distribution from, or was it the grantor or, or transferor to, a fore see instructions for other forms the organization may have to file	ign dustr	
58		ne amount of tax-exempt interest received or accrued during the tax year > \$		
		nder penalties of perjugy I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge	and belief, it is
Sig	n L tr	ue, corfect and complete Declaration of preparer wither than taxpayer) is based on all information of which preparer has any knowledge		
Her			ay the IRS discuss	
1161	1 —	Marie V	ith the preparer sh ee instructions)? X Ye	
		Print/Type preparer's name	PTIN	J NO
Paid	1	7/ 00/12/2020 Chec	×	22601
	oarer		11.016	
Use	Only	010 C CM TOUTS #200/PO POY 1100 CERTIFIED NO CEOOC 2522	417 065 /	
		Firm's address > 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phon	•	
JSA			Form 9:	90-T (2018)

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

Page 4

Schedule F—Interest, Anni			pt Controlled							
Name of controlled organization	2 Employer identification numb	iei (3 Net unrelated incon (loss) (see instruction		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	rations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	l l	9 Total of sp payments r		inclu	art of column ded in the co ization's gros	introlling		Deductions directly nected with income in column 10	
(1)										
(2)			•							
(3)	··-··									
(4)										
Totals			;)(7), (9), or	▶ (17) Orga	Part	r here and on I, line 8 colu n (see ins	mn (A)		er here and on page 1, rt I, line 8, column (B) - -	
1 Description of income	2 Amount of		3 D directl	eductions y connected h schedule)		- 4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	

(2)									- ,	
(3)									·	
. (4)	Enter here and								Enter here and on page	
Totals		come, Oth	4 Net	ncome (loss)	ncome	(see instru	uctions)		7 Excess exempt	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly connected production unrelate business ind	with 2 minuted of business of life a galactic color.	related trade ness (column s column 3) un, compute 5 through 7	from a	oss income activity that t unrelated ess income	6 Expe attributa colum	ble to	expenses (column 6 minus column 5, but not more than column 4)	
(1)							<u> </u>			
(2)										
(3)							<u> </u>			
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	irt I,						Enter here and on page 1, Part II, line 26	
Totals									1	
Schedule J- Advertising In				Danis						
Part I Income From Per	odicals Report	ed on a Co	onsolidated	Rasis			T			
1 Name of periodical	2 Gross advertising income	3 Directions	gain costs gain costs gain c	4 Advertising ain or (loss) (col minus col 3) If a gain, compute ols 5 through 7		5 Circulation 6 I		ership s	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)						· · · · · · · · · · · · · · · · · · ·			7	
(3)	,						1		7	
(4)							1		7	
· · · · · · · · · · · · · · · · · · ·			-				1		-	
Totals (carry to Part II, line (5))				_					Form 990-T (201	

٠ **ب**ن

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-			
(2)			•			
(3)						
(4)	r					
Totals from Part I ▶				,		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶					<u>1</u>	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
2)		%	
3)		%	
4)		% •	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

$\sim \sim \sim \sim$	דג ת חדירות לוא מלים		FOINDATION	٠
~()())	> AIVI A R I T A N	H ()IVI F	- F() HMH) ATE I ()	١

46-1945910

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.