			** PUBLIC DISCLOSURE COPY		_	
	0	90	Return of Organization Exempt Fro			OMB No. 1545-0047
Forr	n J	<b>J</b> U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public Inspection
		enue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2021 and ending		UN 30, 2022	пэресноп
	heck if		organization	ing O	D Employer identific	ation number
a	pplicab	le:				
	Addre	ge SAMA	RITAN HOUSE			
	Name	ge Doing bu	usiness as		23-74162	72
	Initial returr	Number	,	n/suite		
	Final returr termi	n-	PACIFIC BLVD.		(650) 343	
	ated קAmer		own, state or province, country, and ZIP or foreign postal code MATEO, CA 94403		G Gross receipts \$	32,032,814.
	_returr ]Appli		nd address of principal officer: LAURA BENT		H(a) Is this a group re for subordinates	
	⊥tion pendi		AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status:		527		list. See instructions
			SAMARITANHOUSESANMATEO.ORG		H(c) Group exemption	
KF	orm o	f organization:	X Corporation	L Year	of formation: 1974	State of legal domicile: CA
Pa	nrt I	Summary				
e	1		e the organization's mission or most significant activities:	IDE	SUPPORTIVE	SERVICES
Governance			MEMBERS OF OUR COMMUNITY IN NEED.			
erná	2		★ ► if the organization discontinued its operations or disposed of	f more	1 1	
Ň	3		ing members of the governing body (Part VI, line 1a)			21
ي ھ	4		ependent voting members of the governing body (Part VI, line 1b)			21
es	5		of individuals employed in calendar year 2021 (Part V, line 2a)			124
Activities	6		of volunteers (estimate if necessary)			1500
Act			business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
	_	<b>O I I I I</b>			Prior Year 29,116,681.	Current Year 27,411,979.
ne	8		and grants (Part VIII, line 1h)	-		39,764.
Revenue	9		ce revenue (Part VIII, line 2g)		<u>34,824</u> . 396,520.	1,864,398.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,270,961.	1,053,544.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,818,986.	30,369,685.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		970,012.	138,893.
	14		(A) = (A)		0.	0.
		<b>•</b> • • •			8,186,598.	8,855,999.
Expenses	16a	Professional fi	a compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraisi	ng expenses (Part IX, column (D) line 25) $\blacktriangleright$ 1, 469, 458.	·	••	
Ĕ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		16,436,212.	16,674,147.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,592,822.	25,669,039.
	19		expenses. Subtract line 18 from line 12		5,226,164.	4,700,646.
or			·		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		32,708,569.	34,929,561.
ASS	21		(Part X, line 26)		1,994,851.	2,082,947.
Fund	22	Net assets or	und balances. Subtract line 21 from line 20	-	30,713,718.	32,846,614.
	nrt II	Signature				
Unde	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.	
		I N				

Sign	Signature of officer	Date
Here	LAURA BENT, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	MAGA E. KISRIEV Man Con 06/1	6/2023   if P01008919
Preparer	Firm's name FOOD & STRONG LLP	Firm's EIN ▶ 94-1254756
Use Only	Firm's address 275 BATTERY ST, STE 900	
	SAN FRANCISCO, CA 94111	Phone no. 415.781.0793
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
		Gauss 990 (0001)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	<b>r</b> Name of exempt organization or other filer, see ins	Taxpayer identification number (TI								
print	SAMARITAN HOUSE		23-741	16272						
File by th due date filing you	for Number, street, and room or suite no. If a P.O. bo	x, see instruct	tions.							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN MATEO, CA 94403										
Enter t	ne Return Code for the return that this application is for	(file a separa	te application for each return)							
Applic	ation	Return	Application			Return				
ls For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)	09						
Form §	90-PF	04	Form 5227	10						
Form §	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	90-T (trust other than above)	06	Form 8870	12						
Form §	90-T (corporation) JOLIE BOU	07								
box ▶	request an automatic 6-month extension of time until he organization named above. The extension is for the Calendar year or	and atta	tch a list with the names and TINs of X 15, 2023 , to file	all memb	-	sion is for.				
2										
	this application is for Forms 990-PF, 990-T, 4720, or 6	069, enter the	tentative tax, less			0				
-	iny nonrefundable credits. See instructions.		· · · · · · ·	3a	\$	0.				
b       If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and         estimated tax payments made. Include any prior year overpayment allowed as a credit.       3b										
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
	ising EFTPS (Electronic Federal Tax Payment System).	See instructio	ns	3c	\$	0.				
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdra tions.	wal (direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-	TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Noti	ce, see instru	ictions.		Form 8	868 (Rev. 1-2022)				

123841 01-12-22

	1 990 (2021) SAMARITAN HOUSE	23-7416272	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FIGHTING POVERTY. LIFTING LIVES. WE MOBILIZE THE RESOURC	ES OF OUR	
	COMMUNITY TO HELP THOSE AMONG US WHO ARE IN NEED. OUR DE	DICATED	
	PROFESSIONAL STAFF AND VOLUNTEERS WORK TOGETHER TO PROVI		
	ACCESS TO SHELTER, HEALTHCARE, AND A BROAD RANGE OF SUPP		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			s X No
	prior Form 990 or 990-EZ?		
•	If "Yes," describe these new services on Schedule O.		<b>v</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$11,606,290. including grants of \$) (Rever	nue\$38,	,213.
	CLIENT AND FOOD SERVICES:		
	IN FY22, WE SERVED 22,221 CLIENTS WITH 253,171 SERVICES	INCLUDING	
	FINANCIAL ASSISTANCE, FOOD, SHELTER, HEALTHCARE AND OTHE	R ESSENTIAL	
	SERVICES. THE FOOD & NUTRITION PROGRAM CONTINUED ITS CON	TACTLESS FOC	D
	DISTRIBUTIONS, MOST OF WHICH ARE DRIVE-THROUGH AND OUTDO	OR, AS WELL	AS
	PROVIDED 4 MILLION POUNDS OF FOOD, INCLUDING MORE THAN 2		
	GROCERIES, COLLECTIVELY TOTALING MORE THAN 2.3 MILLION A		
	7,246 FAMILIES (16,833 INDIVIDUALS). FOOD COSTS OFFSET A		
	\$1,332 PER HOUSEHOLD, VALUED AT \$9,648,668. SAMARITAN HO		
	3,270 FAMILIES, INCLUDING 5,624 YOUTH & TEENS, IN 2022'S		
	PROGRAM. KIDS CLOSET DISTRIBUTED 21,399 ITEMS OF NEW AND		ריסי
	CLOTHING TO KIDS AND TEENS, AS WELL AS NEARLY 177,867 DI		
4b	(Code:) (Expenses \$ 3,950,470. including grants of \$ 0. ) (Revel	1ue\$	,741.
	SHELTER SERVICES:		
	IN FY22, A TOTAL OF 44,120 NIGHTS OF SHELTER WERE PROVID		
	UNDUPLICATED INDIVIDUALS THROUGHOUT THE YEAR. EACH DAY,		JY
	150 PEOPLE WERE PROVIDED SAFE AND WARM SHELTER AT PACIFI		
	HARBOR SHELTERS. THESE NUMBERS REFLECT OPERATIONS DURING		
	POST-COVID, WE EXPECT TO RETURN TO SERVING OVER 185 PEOP		
	OUR SHELTER PROGRAMS. SHELTER RESIDENTS RECEIVE THREE HC		5
	MEALS EVERY DAY, HOT SHOWERS, HYGIENE SUPPLIES, INTENSIV	E CASE	
	MANAGEMENT, HOUSING LOCATION ASSISTANCE, RESOURCE AND BE	NEFITS	
	CONNECTION, ACCESS TO COMMUNITY SERVICES, TRANSPORTATION	, EMPLOYMENT	1
	REFERRAL, AS WELL AS FINANCIAL EDUCATION/SERVICES, AND C	OUNSELING. W	ΙE
	ALSO OFFER ON-SITE MEDICAL RESPITE, MENTAL HEALTH AND SU		
4c			738.
	FREE MEDICAL AND DENTAL CLINICS:	······································	
	THE FREE CLINICS OF SAN MATEO AND REDWOOD CITY PROVIDE M	EDTCAL DENT	דאי.
	VISION AND MENTAL HEALTH SERVICES AT NO COST TO MEDICALL		-
	RESIDENTS OF SAN MATEO COUNTY. CLINIC PATIENTS ARE UNINS		
	TO AFFORD 'OUT OF-POCKET' HEALTHCARE COSTS, SUCH AS PREM		
			, OK
	DEDUCTIBLES OF COVERAGE. DESPITE THE ADJUSTMENT TO THE D		70
	CARE, THE FREE CLINICS HAVE REMAINED OPERATIONAL SINCE T		5
	OF THE PANDEMIC VIA TELE-HEALTH, VIDEO CARE, AND LIMITED		
	VISITS, KEEPING EVERYONE SAFE WHILE DELIVERING NECESSARY		
	CARE. IN FY22, THE CLINICS SERVED 6,530 PATIENT VISITS W		P OF
	83 VOLUNTEER PROFESSIONALS. BOTH CLINICS RELY ON A VOLUN		
	MODEL OF SERVICE, INCLUDING VOLUNTEER MEDICAL PROFESSION	ALS, SUCH AS	5
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 3,850,753. including grants of \$ 138,893.) (Revenue \$	0.)	
4e	Total program service expenses > 22,557,419.	,	
		Form	<b>990</b> (202-
3000	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION (		
5200		- ,	
504	515 758661 76045 2021.05080 SAMARITAN HOUS	ЗF.	7604
			,

Form	aan	(2021)
гопп	990	12021

 Form 990 (2021)
 SAMARITAN
 HOUSE

 Part IV
 Checklist of Required Schedules

1         bit organization described in section 501(c)[i]) or 497(a)(1) (bither than a private brundation?         1         x           2         bit organization required to conside: Schedule 0, Constructors? See instructions         2         x           2         bit organization required to conside: Schedule 0, Charl I         3         X           3         Section 501(d) compatitions to interve contraints on status of organization assessments, or similar anounts as actinization (10(6)) compatitions on accounts? If ''yes,' complete Schedule 0, Part I         4         X           5         It as organization magnet inclusion schedule (10(6)) compatitions on accounts? If ''yes,' complete Schedule 0, Part II         5         X           6         de organization magnet inclusion schedule (10(6)) compatitions on accounts? If ''yes,' complete Schedule 0, Part II         6         X           7         Dat en organization magnet inclusion assessments in ush funds on accounts? If ''yes,' complete Schedule 0, Part II         7         X           8         Def en organization magnet inclusion assessments in the organization magnet inclusion assessments or passes, the environment, bitcoric land accounts? If ''yes,' complete Schedule 0, Part II         7         X           8         Did the organization magnet inclusion assessments or passes, the environments and throse schedule 0, Part II         7         X           9         Did the organization magnet inclushis in the acconschall assessments or passes as cus				Yes	No
2         Is the organization engage in direct or indirect policia lampaign activities on behalf of or inceposition to candidates for public office? If "Yes," complete Schedule C, Part I         3         X           3         Dir the organization engage in direct or indirect policia lampaign activities, on have a section 501(h) election in effect at many many many many many many many many	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization engage in direct or patitical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II</li> <li>4 Section 501(b) organizations. Did the organization engage in kobbying activities, or have a section 501(b) decision on effect of the organization mating and young the section 501(b) decision on the section of the section 501(b) decision on the section of the section 501(b) decision on the section of the section 501(b) decision on the section 501(b) decision 501</li></ul>		If "Yes," complete Schedule A			<u> </u>
public office?         a         X           4 Section 501(6)         gradual control 501(6)         gradua control 501(6)         gradual control 501(6	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
<ul> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If Yes, 'complete Schedule C, Part II</i>.</li> <li>Is the organization a section 501(c)(k), 501(c)(k), or 501(c)(k), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197. <i>If Yes, 'complete Schedule C, Part II</i>.</li> <li>Did the organization certain any doore advised indus or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice and means in such funds or accounts for which doors have the right to provide advice and areas, or historic structures? <i>If Yes, 'complete Schedule D, Part II</i>.</li> <li>Did the organization nearbin and areas, or historic structures? <i>If Yes, 'complete Schedule D, Part II</i>.</li> <li>Did the organization any of the following questions in Yes, 'then complete Schedule D, Part V, 'I's, 'complete Schedule D, Part V.</li> <li>Did the organization any of the following questions in Yes, 'then complete Schedule D, Part V, VI, VII, VI, VI, VI, VI, VI, VI, VI,</li></ul>	3				
during the tax year? "Yes," complete Schedule C, Part II         4         X           5         is the organization a section 50(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5)         55         X           6         Did the organization mantain any domoral visual funds or any similar funds or accounts for which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts (De Net III), serve as a custodian for amounts not listed in Part X, ine 21, for sercew or custodial account fability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dott mangement, credit repart, or dott negotiation services?         9         X           10         Did the organization right of through a related organization, hold assets in donor-restricted endowments?         9         X           11         If the organization report an amount for lend, buildings, and equipment in Part X, line 10?         116         X           2         Did the organization report an amount for lines schedule D, Part V         10         X           2         Did the organization report an amount for lines there schedule D, Part V         118         X           3         Did the orga			3		<u> </u>
5         Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97 If Yes, "complete Schedule C, Part II         5         X           D Dd the organization markum any doore advised funds or any similar toxids or accounts? If Yes, "complete Schedule D, Part II         6         X           D Dd the organization neither any doore advised in toxids or any similar toxids or accounts? If Yes, "complete Schedule D, Part II         7         X           D Dd the organization markum any doore advised in cassement, including assements to to preserve open space, the environment, historic torous divide account isbolity, serve as a custodian for amounts on toliac on services or acustodial account liability, serve as a custodian for amounts on tisked in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes, to omplete Schedule D, Part V         10         X           D Dd the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16/1 'Yes, 'complete Schedule D, Part VI         10         X           D Dd the organization report an amount for investments - often securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16/1 'Yes, 'complete Schedule D, Part VI         11a         X           D Dd the organization report an amount for investments - often securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98-197. #*es*; complete Schedule Q, Part II         5         X           O Did the organization maintain eases, or historic durds or any similar funds or accounts? If **es*, complete Schedule D, Part II         6         X           7 Did the organization maintain ease, or historic accounts? If **es*, complete Schedule D, Part II         6         X           8 Did the organization maintain ease, or historic accounts? If **es*, complete Schedule D, Part II         7         X           8 Did the organization maintain collections of works of art. historical treasures, or other similar assets? If **ys*, complete Schedule D, Part II         8         X           9 Did the organization maintain collections of works of art. historical treasures, or other assets in donor restricted endowments or in quasi endowments? If **s*, complete Schedule D, Part II         8         X           10 Did the organization, directly or through a nelated organization, hold assets in donor restricted endowments or in quasi endowments? If **s*, complete Schedule D, Part V         10         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If **s*, complete Schedule D, Part V         11a         X           12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If **s*, complete Schedule D, Part V         11a         X           13 Did the organization report an amount for investments - program related in Part X, line 13%			4		<u> </u>
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       8       X         7       X       X       7       X         8       Did the organization maintain any donor advised structures? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain any donor advised funds or arry similar funds or accounts? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization maintain any donor advised organization, directly or through a related organization, neotify the response or custodial account liability, serve as a custodian for unatability or through a related organization, neotify the response of the state asset applicable.       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV       11       X         11       Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X       11       X         111       X       11       X       11       X       11       X <t< td=""><td>5</td><td></td><td></td><td></td><td></td></t<>	5				
provide advace on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a custodian for amounts not listed in Part X, provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization inport an amount for law, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - organizeta frame assets 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 X       11a       X         13       Did the organization report an amount for other assets 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 X       11a       X         14       Di			5		<u> </u>
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for 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 on any of the following questions is "Yes," then complete Schedule D, Part V       10       X         10       Did the organization report an amount for investments - other securities in Part X, line 10? II "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments - porgram related in Part X, line 16? II "Yes," complete Schedule D, Part VI       11b       X         11       Did the organization report an amount for investments - porgram related in Part X, line 17       11a       X         11       Did the organization report an amount for other assets in Part X, line 12, It wis 15% or more of its total assets repor	6				
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III         8         X           9         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guas lendowments? If "yes," complete Schedule D, Part V         10         X           11         the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI         11a         X           b Did the organization report an amount for investments - other securities 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 VI         11a         X           b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part XI         11a         X           b Did the organization orport an amount for invert assets in Part X, line 15? If "yes," complete Schedule D, Part X         11d         X           11         Did the orga			6		<u> </u>
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete       Schedule D, Part III         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         10       Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       9         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       10       X         12       Did the organization report an amount for line duildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part VI.       11       X         13       Did the organization report an amount for index buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part XI.       11       X         14       X       Cid the organization report an amount for index steps 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 XI.       11       X         15       Did the organization is cloar the faibilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       114       X         16       the organization included in consolidated, independent audited financial statements for the tax year?       114       X         17 <td>7</td> <td></td> <td></td> <td></td> <td>37</td>	7				37
Schedule D, Part III         8         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         10         X           12         Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V         11a         X           13         X         Did the organization report an amount for investments - other securities 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 VI         11a         X           14         X         Intel of If 'Yes, 'complete Schedule D, Part VI         11e         X           10         Did the organization report an amount for investments or that xy are include a footnote that adresses the organization report an amount for investments for the tax year' If 'Yes,' complete Schedule D, Part X         11e         X           111         X         Did the organization orbid aseqorinduce a footno	_		7		<u> </u>
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (#'res,' complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (#'Yes,' complete Schedule D, Part V       11       X         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? (#'Yes,' complete Schedule D, Part VI       11       X         14       X       Vid the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (#'Yes,' complete Schedule D, Part X       11       X         11       X       Vid the organization report an amount for other assets in Part X, line 25? (#'Yes,' complete Schedule D, Part X       11       X         12       Did the organization subari to Part X       114       X       114       X         13       Uid the organization included	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
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# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       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 VI       11c       X         13       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       11d       X         14       X       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         14       X       Did the organization approach       11d       X       11d       X         14       X       Did the organization approach       11d       X       11d       X	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // '''es', complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part VI.       11       X         2       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,'' complete Schedule D, Part VII.       11       X         2       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,'' complete Schedule D, Part VII.       11       X         2       Did the organization report an amount for toinvestments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,'' complete Schedule D, Part VII.       11       X         4       Did the organization report an amount for other lashilities in Part X, line 25? // 'Yes,'' complete Schedule D, Part X       11       X         5       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses       111       X         12       Did the organization separate, independent audited financial statements for the tax year?       111       X         13       Is the organization as seared?       11       X       114       X         14					
or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11b     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII     11b     X       c 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 VII     11c     X       d Did the organization report an amount for other iabilities in Part X, line 15? If "Yes," complete Schedule D, Part X     11e     X       e Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X     11e     X       112     Did the organization is parate, independent audited financial statements for the tax year?     11f     X       113     X     11e     X     11e     X       114     Did the organization included in consolidated, independent audited financial statements for the tax year?     11f     X       114     Did the organization as exited a forbula in a office, engloyees, or ageregate schedule D, Part X and XII     12a     X			9		<u> </u>
11       If the organization's namewr to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       11	10				77
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /// "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - orgoram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11c       X         e) Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is separate, independent audited financial statements for the tax year?       11f       X         f) Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         11a       X       11e       X         12a       Did the organization nebud as section 170(b)(1)/(ii)? // "Yes," complete Schedule D, Part X       11e       X         12a       X       11d       X       12a       X         13a       X to organizatin on schon 170			10		<u> </u>
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Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       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?       11f       X         12a       Did the organization moluded in osciol fuelde financial statements for the tax year?       11f       X         13       Is the organization moluded in section 1700(01(1)4(ii)?)       f "Yes," complete Schedule E       11a       X         14a       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garpts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garpts or other assistance to or for any foreign individuals? If "Yes," complet					
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c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11e       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization aschool described in section 170(b)(1)A(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       14a       X         16       X       17       X       16       X	b				v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       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?       11t       X         12a       Did 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, Part X and XII is optional       12b       X         14a       Did the organization as school described in section 170(b)(1)(A)(I)(I)" If "Yes," complete Schedule E       13       X         14a       Did the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16			11b		
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Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       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?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII       12b       X         b Was the organization maintain an office, employees, or agents outside of the United States?       11a       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report nore than \$15,000 tot expenses for professional fundraising services 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 II and IV       16       X         18       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	-		11c		
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       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       11f       X         12a       Did the organization biain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11e       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13       X         14a       X       11de       X       11de       X         14a       It the organization maintain an office, employees, or agents outside of the United States?       14a       X         14a       X       11d       X       11de       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for more fin 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 G, Part I and IV       16       X         16       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 G, Part II and IV       16       X	d				v
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services 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 II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete			11e		
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete       12a       X         13       Is the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neoption part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report a total of more than \$10,000 fexpenses for professional fundraising services 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       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II       18       X         17       Did	t	• · ·		v	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 more than \$15,000 of grass income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X <tr< td=""><td>40-</td><td></td><td>111</td><td><u> </u></td><td></td></tr<>	40-		111	<u> </u>	
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         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?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       15       X         16       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II and IV       16       X         17       Did the organization report 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 II       18       X      <	12a		10-	v	
If "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       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       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 II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18			12a	<u> </u>	
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<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i></li></ul>			14a		
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or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II       21       X	16		- 13		
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       21       X	17				
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       X         20b       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	.,		17		x
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19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	10		12	x	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	10			43	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	13		10		x
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	20-				
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
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Form	990	(2021)
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 Form 990 (2021)
 SAMARITAN
 HOUSE

 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	~ ~		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		- v
27	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	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 505			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c	х	
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filed f fat le Note: Did th Did th Did th F"Ye A At any finance Fire See ir Was to Did ar Did th Did	or the calendar year ending with or within the year covered by this return east one is reported on line 2a, did the organization file all required federal employment tax return If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions the organization have unrelated business gross income of \$1,000 or more during the year? s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> of y time during the calendar year, did the organization have an interest in, or a signature or other an cial account in a foreign country (such as a bank account, securities account, or other financial ac s," enter the name of the foreign country <b>&gt;</b>	s? uthority over, a counts (FBAR). tion? organization solicit ons or gifts vices provided to the payor? s required 7d ntract? ct? m 8899 as required?	2b 3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c	x			
filed f fat le Note: Did th Did th Did th F"Ye A At any finance Fire See ir Was to Did ar Did th Did	or the calendar year ending with or within the year covered by this return east one is reported on line 2a, did the organization file all required federal employment tax return If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions the organization have unrelated business gross income of \$1,000 or more during the year? s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> of y time during the calendar year, did the organization have an interest in, or a signature or other an cial account in a foreign country (such as a bank account, securities account, or other financial ac s," enter the name of the foreign country <b>&gt;</b>	s? uthority over, a counts (FBAR). tion? organization solicit ons or gifts vices provided to the payor? s required 7d ntract? ct? m 8899 as required?	2b 3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c	x			
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spons Spon Did th Did th Secti Initiat Gross Secti Gross		ion file a Form 1098-C?	7h		┢		
Spon Did th Did th Secti Initiat Gross Secti Gross	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			E		
<ul> <li>Did th</li> <li>Did th</li> <li>Section</li> <li>Initiat</li> <li>Grossion</li> <li>Section</li> <li>Section</li> <li>Grossion</li> <li>Grossion</li> <li>Grossion</li> </ul>	soring organization have excess business holdings at any time during the year?		8		+		
Did th Section Initiat Gross Section Gross	soring organizations maintaining donor advised funds.						
Section Initiat Gross Section Gross	e sponsoring organization make any taxable distributions under section 4966?		9a	<u> </u>	╇		
a Initiat Gross Secti Gross	he sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		┢		
Gross Section Gross	on 501(c)(7) organizations. Enter:						
Secti Gross	ion fees and capital contributions included on Part VIII, line 12	10a	-				
Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	on 501(c)(12) organizations. Enter:						
Groop	income from members or shareholders	11a					
Gross	income from other sources. (Do not net amounts due or paid to other sources against						
amou	nts due or received from them.)	11b					
i Secti	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
If "Ye	s," enter the amount of tax-exempt interest received or accrued during the year	12b					
Secti	on 501(c)(29) qualified nonprofit health insurance issuers.						
Is the	organization licensed to issue qualified health plans in more than one state?		13a				
Note:	See the instructions for additional information the organization must report on Schedule O.						
<b>b</b> Enter	the amount of reserves the organization is required to maintain by the states in which the						
organ	ization is licensed to issue qualified health plans	13b					
	the amount of reserves on hand	13c					
			14a		Τ		
	s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		Τ		
	organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				T		
	s parachute payment(s) during the year?		15				
	s," see the instructions and file Form 4720, Schedule N.				T		
	organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Г		
					t		
	s." complete Form 4720. Schedule O				ſ		
	s," complete Form 4720, Schedule O. on <b>501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in a						
	on 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a			-	+		
05 12-09-2			17				

sect	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			
	tion A. Governing Body and Management						<b>–</b>
		I	1	01[		Yes	-
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		21			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			21			
	Enter the number of voting members included on line 1a, above, who are independent	-		21			L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	any other				ł
	officer, director, trustee, or key employee?				2		╀
3	Did the organization delegate control over management duties customarily performed by or under the		•				
					3		╀
4	Did the organization make any significant changes to its governing documents since the prior Form				4		╀
5	Did the organization become aware during the year of a significant diversion of the organization's as			E E	5		╀
6	Did the organization have members or stockholders?				6		┦
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		┦
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		+
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		0				ļ
	The governing body?				8a	X	4
b	Each committee with authority to act on behalf of the governing body?				8b	Х	4
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)			1	
				r		Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	•					
	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 bo	dy befor	e filing the fo	orm?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to con	flicts?		12b	Х	1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," d	escribe				
	on 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 approx	al by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	ith a				
	taxable entity during the year?				16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its p	articipation				
b							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				16b		
b							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						
Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?						
Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?			01(c)(3)s	only)	availa	k
Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,			01(c)(3)s	only)	availa	k
Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?	and 990	-T (section 5	01(c)(3)s	only)	availa	k
Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.	and 990 iin on Sc	-T (section 5 chedule O)				
Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explate         Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	and 990 iin on Sc	-T (section 5 chedule O)				k
<b>Sec</b> 1 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain the copy of the state of the copy of the state of the copy of the state of the state of the state of the public during the tax year.	and 990 iin on Sc conflict c	-T (section 5 shedule O) of interest po	licy, and			k
<b>Sec</b> 1 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (expla Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	and 990 iin on Sc conflict c	-T (section 5 shedule O) of interest po	licy, and			k
<b>Sec</b> 1 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(expla</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be JOLIE BOU - (650) 523-0810	and 990 iin on Sc conflict c	-T (section 5 shedule O) of interest po	licy, and			k
<b>Sec</b> 17 18 19 20	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.          Image: Ima	and 990 iin on Sc conflict c	-T (section 5 shedule O) of interest po	licy, and	finan	cial	
<b>Sec</b> 17 18 19 20	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(expla</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be JOLIE BOU - (650) 523-0810	and 990 iin on Sc conflict c	-T (section 5 shedule O) of interest po	licy, and	finan		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

SAMARITAN HOUSE

Form 990 (2021)

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Form 990 (2021)	SAMARITAN HOUSE		age 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if Schedu	ule O contains a response or note to any line in this Part VII						
Section A. Officers, Direc	ctors, Trustees, Key Employees, and Highest Compensated Employed	es					
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ess person is both an and a director/trustee)			nan	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	n pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	ıtiona	~	nploy	st cor yee	-	1000 NEO		organizations
	line)	In divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o gamzanono
(1) BART A. CHARLOW	40.00									
CHIEF EXECUTIVE OFFICER				Х				218,385.	0.	25,022.
(2) JASON WONG	40.00									
DIRECTOR OF CLINIC SERVICE					Х			184,325.	0.	18,873.
(3) JOLIE BOU	40.00									
CHIEF FINANCIAL OFFICER				Х				173,558.	0.	9,320.
(4) LAURA BENT	40.00									
CHIEF OPERATING OFFICER					Х			163,001.	0.	15,852.
(5) JESSICA MITCHELL	40.00									
DIRECTOR OF DEVELOPMENT						Х		139,317.	0.	10,971.
(6) ROB RIDEAU	40.00									
DENTAL DIRECTOR						Х		123,893.	0.	21,457.
(7) JACKIE MCGRATH	40.00									
ADVANCE SERVICE PROVIDER						Х		118,702.	0.	19,468.
(8) CONNIE GERSHANECK	40.00									
DIRECTOR OF HUMAN RESOURCES						Х		124,695.	0.	7,492.
(9) CLAUDIA GALDOS	40.00									
SR IT BUS. ANALYST/PROJECT MANAGER						Х		105,656.	0.	12,816.
(10) DAVINA HURT	2.50									
PRESIDENT		Х		Х				0.	0.	0.
(11) CLIFF ROBBINS	2.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) SUSAN KETCHAM	2.50									-
TREASURER		х		Х				0.	0.	0.
(13) SUE RINGOEN	2.50									•
SECRETARY		Х		Х				0.	0.	0.
(14) DUNCAN BEARDSLEY	2.50									•
BOARD MEMBER		Х						0.	0.	0.
(15) TISH BUSELLE	2.50									•
BOARD MEMBER		Х						0.	0.	0.
(16) NICOLE FERNANDEZ	2.50	<b>.</b>								<u> </u>
BOARD MEMBER	0.70	Х						0.	0.	0.
(17) PAMELA MCCARTHY-HUDSON	2.50								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21				-	,					Form <b>990</b> (2021)

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2021.05080 SAMARITAN HOUSE

Form 990 (2021) SAMARITAN	HOUSE								23-74	16	272	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) (B) (C) (D)									(E)		(	F)
Name and title	Average	(do	not c	Posi heck r			ne	Reportable	Reportable		Estin	nated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensatio	n	amo	unt of
	week	offi	cer ar	nd a di	recto	or/trus	tee)	from	from related		ot	her
	(list any	director						the	organizations	3	compe	ensation
	hours for	or dir				ted		organization	(W-2/1099-MIS	.C/	fron	n the
	related	stee o	trustee			ensa		(W-2/1099-MISC/	1099-NEC)		•	ization
	organizations	al tru	onal t		loyee	com l		1099-NEC)				elated
	below line)	Individual trustee or	In stit utional 1	Officer	Key employee	Highest compensated employee	Former				organi	zations
	,	Ind	lns	9#	Key	e Hig	For					
(18) RON GRANVILLE	2.50									~		0
BOARD MEMBER		Х						0.		0.		0.
(19) VALENTINA HELO-VILLEGAS	2.50											-
BOARD MEMBER		Х						0.		0.		0.
(20) MICHAEL JACKSON	2.50											
BOARD MEMBER		Х						0.		0.		0.
(21) LISA TOYAMA JARBOE	2.50											
BOARD MEMBER		х						0.		0.		Ο.
(22) JEFF LUCCHESI	2.50											
BOARD MEMBER		х						0.		0.		0.
(23) MARIA NADEL	2.50									<u> </u>		
BOARD MEMBER	2.50	х						0.		Ο.		0.
(24) MIKE AYDELOTT	2.50	~						0.		0.		
	2.50	77						0		^		0
BOARD MEMBER	0 50	Х						0.		0.		0.
(25) RAVI SINHA	2.50									~		0
BOARD MEMBER		х						0.		0.		0.
(26) MARGARET TAYLOR	2.50											
BOARD MEMBER		Х						0.		0.		0.
1b Subtotal								1,351,532.		0.	141	,271.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,351,532.		0.	141	<u>,271.</u>
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable			
compensation from the organization												12
											Y	es No
<b>3</b> Did the organization list any <b>former</b> officer,	director. trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for su	-			•	•		Ŭ	• •			3	X
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>											-	
and related organizations greater than \$150											4 2	x
5 Did any person listed on line 1a receive or a	,		•									
	•				-			•			5	x
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J f	or si	ich p	bers	on .		<u></u>	<u></u>		5	A
1 Complete this table for your five highest cor	-									ensat	ion from	I
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin		ear.			
(A)								(B)		0	(C)	- 41
Name and business								Description of s	ervices		ompens	ation
UIS TECHNOLOGY PARTNERS,		ΤG	OM	ER	Y							
STREET, SAN FRANCISCO, CA	94111							IT SUPPORT S	ERVICES		265	<u>,767.</u>
THE GUARD ALLIANCE INC.								SHELTER SECU	RITY			
1401 WILLION PASS ROAD, CONCORD, CA 94520 SERVICES										140	,576.	
2 Total number of independent contractors (ir		ot lie	nita	4 + ~ +	thee		ted	above) who received -	ore than			
	•	JUII	me	1 10 1	inos 2		rea	above, who received mo	ne ulali			
SEE PART VII, SECTION		יאד	TT 7	<b>π</b> τ/			UT	ידידיים			OC	<b>90</b> (2021)
STR FART ATT' SECTION	A CONT	т 1/	OA	т т (		S.	ч£	Q T CI			rorm <b>J</b>	<b>v</b> (2021)

Form 990 SAMARITAN									23-741	6272
Part VII Section A. Officers, Directors, Tru	nplo	yee			lighe	est (		, ,		
(A)					C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	fee			sated		(W-2/1099-MISC)		organization and related
	organizations	ustee	trust		ee	u pen:				organizations
	below	dual ti	tiona		(old n	stcor	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MASSY SAFAI	2.50	_	_		-	-	4			
BOARD MEMBER		x						0.	0.	0.
(28) MARIE CHUANG	2.50									
BOARD MEMBER		х						0.	0.	0.
(29) LYNNA MARTINEZ	2.50									
BOARD MEMBER		x						0.	0.	0.
(30) JOHN LAKE	2.50	- <b>-</b>							<b>J ·</b>	<u>J</u>
BOARD MEMBER		x						0.	0.	0.
									•••	•••
		1								
		1								
		1								
		1								
						-				
		1								
		1								
	•				-					
Total to Part VII, Section A, line 1c										
,,								·		

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art VII	Statement of Rev	ven	ue						
	Check if Schedule O c	conta	ins a respo	onse o	or note to any line		/ <b>_</b> `	(-)	[
						(A)	(B)	(C)	(D) Revenue exclu
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax und
					228 000				sections 512 -
-	Federated campaigns				228,000.				
b	Membership dues								
C C	Fundraising events								
d d					10.505.500				
е	Government grants (contri				10,695,799.				
f f	All other contributions, gifts,								
	similar amounts not included			•	16,488,180.				
<u>9</u>	Noncash contributions included in I				7,588,576.	05 444 050			
5 h	Total. Add lines 1a-1f					27,411,979.			
					Business Code	21 520	21 720		
2 a		COPA	Y		624200	31,738.	31,738.		
b	MEAL				624200	8,026.	8,026.		
c c									
2 a b c d e f									
e									
	All other program service					20 764			
	Total. Add lines 2a-2f					39,764.			
3	Investment income (includ	•				162 774			162 5
	other similar amounts)					163,774.			163,7
4	Income from investment o			•	ŕ F				
5	Royalties	·····							
			(i) Rea		(ii) Personal				
	Gross rents	6a	176,	0.					
	Less: rental expenses	6b	176						
	Rental income or (loss)	6c	176,	709.		176 760			176 5
	Net rental income or (loss)	°	(i) Securi			176,769.			176,7
/ a	Gross amount from sales of	_	() Securi 3,281,		(ii) Other				
	assets other than inventory	7a	5,201,	/05.					
a	Less: cost or other basis		1 5 9 1	161					
	and sales expenses	7b	1,581,: 1,700,						
	Gain or (loss)					1,700,624.			17006
	Net gain or (loss)			··· <u>····</u>		1,700,024.			17000
8 a	Gross income from fundraisir including \$								
	contributions reported on								
	Part IV, line 18			8a	901,815.				
h	Less: direct expenses			8b	81,968.				
	Net income or (loss) from t				▶	819,847.			819,8
	Gross income from gamin								,-
5 a	Part IV, line 19	-		9a					
h	Less: direct expenses			9b					
	Net income or (loss) from								
	Gross sales of inventory, le			<u> </u>					
	and allowances			10a					
h				10a					
	Less: cost of goods sold								
		54153		·y	Business Code				
11 2	ADMINISTRATIVE FEES				561000	30,187.	30,187.		
b i i a					900099	26,741.	26,741.		
						, , <b></b>	,,		
c d					<u>├</u> ───┤				
	All other revenue Total. Add lines 11a-11d					56,928.			
	Total revenue. See instructio					30,369,685.	96,692.	0.	28610
12						,,000,		· · · ·	200

SAMARITAN HOUSE

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	100 000	100.000		
	individuals. See Part IV, line 22	138,893.	138,893.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	808,336.	618,821.	101,050.	88,465
~	trustees, and key employees	000,330.	010,021.	101,050.	00,400
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	6,519,210.	4,951,472.	838,275.	729,463
7 8	Pension plan accruals and contributions (include	0,515,210.	<u>+,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	050,275.	725,405
0	section 401(k) and 403(b) employer contributions)	121,090.	100,515.	10,503.	10,072
9	Other employee benefits	863,304.	716,615.	74,884.	71,805
9 0	Payroll taxes	544,059.	418,883.	64,555.	60,621
1	Fees for services (nonemployees):	511,0550	110,0001	01/000	007021
' a	Management				
b	Legal	20,806.		20,806.	
	Accounting	37,050.		37,050.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	51,164.		51,164.	
g	Other. (If line 11g amount exceeds 10% of line 25,	•		·	
-	column (A), amount, list line 11g expenses on Sch 0.)	3,368,295.	2,967,725.	194,591.	205,979
2	Advertising and promotion	50,672.	14,824.	5,495.	30,353
3	Office expenses	205,747.		5,745.	92,175
4	Information technology	1,199,284.	951,249.	121,774.	126,261
5	Royalties				
6	Occupancy	998,961.	947,920.	32,912.	18,129
7	Travel	44,318.	39,999.	3,583.	736
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	5,396.	4,273.	1,123.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	303,380.	270,179.	19,354.	13,847
3	Insurance	120,714.	98,611.	20,394.	1,709
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule O.				
а	amount, list line 24e expenses on Schedule 0.) IN-KIND FOOD/BUS PASSES	7,020,005.	7,020,005.		
a b	CLIENT ASSIST FOOD, CLO	2,743,430.	2,743,396.	34.	
с С	MEDICAL CLINIC SUPPLIES	102,109.	102,109.	540	
d	EMPLOYEE TRAINING	30,426.	26,336.	1,806.	2,284
u e	All other expenses	372,390.	317,767.	37,064.	17,559
5	Total functional expenses. Add lines 1 through 24e	25,669,039.	22,557,419.	1,642,162.	1,469,458
5 6	Joint costs. Complete this line only if the organization	- , , • • • •	, ,	, ,	, , 0 0
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Click if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

Form 990 (2021)

### SAMARITAN HOUSE

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

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	16,058,117.	2	15,029,703.
	3	Pledges and grants receivable, net	2,210,356.	3	4,380,241.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Å	9	Prepaid expenses and deferred charges	263,347.	9	623,338.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,455,006.			
	b	Less: accumulated depreciation <b>10b 4</b> ,056,980.	8,302,960.	10c	8,398,026.
	11	Investments - publicly traded securities	5,391,801.	11	5,944,410.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	481,988.	15	553,843.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	32,708,569.	16	34,929,561.
	17	Accounts payable and accrued expenses	1,303,461.	17	1,316,544.
	18	Grants payable	01.054	18	
	19	Deferred revenue	21,264.	19	50,134.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons	000 400	22	
	23	Secured mortgages and notes payable to unrelated third parties	222,428.	23	176,505.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	117 600		E20 764
		of Schedule D	<u>447,698.</u> 1,994,851.	25	<u>539,764.</u> 2,082,947.
	26	Total liabilities. Add lines 17 through 25	1,994,001.	26	2,002,947.
S		Organizations that follow FASB ASC 958, check here 🕨 🔀			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27,014,604.	27	29 173 161
ala	27		3,699,114.	27	29,473,461. 3,373,153.
dВ	28	Net assets with donor restrictions	5,055,114.	20	5,575,155.
nn		Organizations that do not follow FASB ASC 958, check here			
or	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Detained any increase and any set of the second		31	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	32	Total net assets or fund balances	30,713,718.	32	32,846,614.
Z	33	Total liabilities and net assets/fund balances	32,708,569.	33	34,929,561.

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2021.05080 SAMARITAN HOUSE

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

	1990 (2021) SAMARITAN HOUSE	<u>23-7</u>	416272	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,369		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,669		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,700		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,713		
5	Net unrealized gains (losses) on investments	5	-2,56	7,7	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	32,840	5,6	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•		х	1
L	Act and OMB Circular A-133?		3a	<u>^</u>	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why an Schedula O and describe any steps taken to undergo such audits.		3b	x	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				 (2021)

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ame of the organization Employer													
			RITAN HOUS					2	3-7416272					
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.						
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:												
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in					
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
	X													
•		section 170(b)(1)(A)(vi). (C	-		ionn a gove	innontai		ie general j						
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 )									
9		An agricultural research org			-	nd in coniu	unction with a	land grant	collogo					
5		or university or a non-land-g	-			-		-	-					
		university:	grant conege of agric			name, ony	, and state of	the college						
10		An organization that norma		than 22 1/20/ of its curr	ort from a	ontribution	n momharch	in food	d aross rossists from					
10														
		activities related to its exer		-					-					
		income and unrelated busin		(less section 511 tax) in	om busines	ses acqui	red by the org	anization a	iller June 30, 1975.					
		See section 509(a)(2). (Con			fat. 0 a a		O(-)(4)							
11		An organization organized a												
12		An organization organized a	-	-	-			•						
		more publicly supported or	-						Sheck the box on					
-		lines 12a through 12d that	• •					-						
а		<b>Type I.</b> A supporting orga	-	-	•	-								
		the supported organization			i majority c	of the aired	ctors or trustee	es of the sl	ipporting					
		organization. You must o	-											
b		<b>Type II.</b> A supporting org	-				-		•					
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	orted					
		organization(s). You mus	-											
С		Type III functionally inte	• • •					ly integrate	d with,					
		its supported organization												
d		Type III non-functionally						-						
		that is not functionally int			•		-	an attentiv	/eness					
		requirement (see instructi		-										
е		Check this box if the orga					Type I, Type I	II, Type III						
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			<b></b>					
f		er the number of supported o	•											
g		vide the following information			(iv) is the ora:	anization listed	( .) A manual of							
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	3	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	support (see in	istructionsj						
Tota														

### Schedule A (Form 990) 2021

SAMARITAN HOUSE

23-7416272 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10865656.	<u>13195527.</u>	22526521.	<u>29116681.</u>	<u>27411979.</u>	103116364
2	Tax revenues levied for the organ-						
	ization'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	<u>10865656.</u>	<u>13195527.</u>	22526521.	<u>29116681.</u>	27411979.	103116364
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)						
	Public support. Subtract line 5 from line 4.						103116364
Sec	ction B. Total Support	1		1	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	10865656.	<u>13195527.</u>	22526521.	<u>29116681.</u>	<u>27411979.</u>	<u>103116364</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	256,028.	306,945.	324,477.	258,730.	340,543.	1486723.
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.)	506,477.	573,979.	767,076.	889,058.		
11	Total support. Add lines 7 through 10						108241492
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>,006,647.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						<b>&gt;</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I		•			14	95.27 %
	Public support percentage from 2020					15	94.97 %
16a	33 1/3% support test - 2021. If the	•			14 is 33 1/3% or m	lore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•	,	•		
b	10% -facts-and-circumstances test					-	10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

SAMARITAN HOUSE

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
	check this box and stop here				<u></u>	<u></u>	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the		· · ·			33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2020. If the	-	-				3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	23 01-04-22		<b>/</b> /	i			lule A (Form 990) 2021
			16	5			. ,

2021.05080 SAMARITAN HOUSE

#### SAMARITAN HOUSE

Yes No

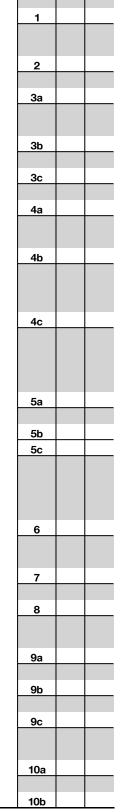
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

132024 01-04-21



Schedule A (Form 990) 2021

	(Form 990) 2021	SAMARITAN
Part IV	Supporting Or	ganizations (continued)

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

<u>supervised, or controlled the supporting organization.</u>
Section C. Type II Supporting Organizations

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

Secti	on	D.	All	Туре	Su	opoi	ting	Organizations	;

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a governmental entity	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
-----	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.

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

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 SAMARITAN HOUSE			23-7416272 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain i	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2021

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instructions).

### SAMARITAN HOUSE

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	dule A (Form 990) 2021 SAMARITAN HOU			2	3-7416272 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	[
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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 II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING EVENTS

889,058.

- 2017 AMOUNT: \$ 506,477.
- 2018 AMOUNT: \$ 564,585.
- 2019 AMOUNT: \$ 767,076.
- 2021 AMOUNT: \$ 901,815.

### GROSS INCOME FROM GAMING ACTIVITIES

2017 AMOUNT: \$ 0.

2020 AMOUNT: \$

- 2018 AMOUNT: \$ 9,394.
- 2019 AMOUNT: \$ 0.
- 2020 AMOUNT: \$ 0.
- 2021 AMOUNT: \$ 0.

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

23-7416272

SAMARITAN	HOUSE

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  b \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

		\$ 7,732,216.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,335,550.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 5,730,805.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	, , , , , , , , , , , , , , , , ,	\$550,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

### Schedule B (Form 990) (2021)

SAMARITAN HOUSE

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

23-7416272

(c)

**Total contributions** 

noncash contributions.) Schedule B (Form 990) (2021)

(Complete Part II for

(d)

Type of contribution

Person Payroll Noncash Page 2

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\$

(c)

**Total contributions** 

123452 11-11-21

(a)

No.

(b)

Name, address, and ZIP + 4

15460615 758661 76045

Name of o	rganization		Employer identification number
SAMAR	ITAN HOUSE		23-7416272
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	FOOD, KITCHEN EQUIPMENT	_	
3		\$ <u>5,730,8</u>	05. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

123453 11-11-21

Schedule B (Form 990) (2021)

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Page 3

	ITAN HOUSE				23-7416272
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	) through (e) and the followi	na line entry. For a	organizations	· · · · ·
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of	\$1,000 or less for t	the year. (Enter this info. onc	e.) ▶ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
ŀ		(e) Transf	fer of gift		
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.				1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
		(e) Transf	fer of gift	•	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
F		(e) Transf	fer of gift		
F	Transferee's name, address, a	nd <b>ZI</b> P + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
F			for of sift		
		(e) Transf	ier of gift		
F	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee

Schedule B (Form 990) (2021)

### $15460615 \ 758661 \ 76045$

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Employer identification number

Schedule B (Form 990) (2021)
Name of organization

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

23-	74	16	27	2
<u> 4</u> J	/ =	τu	~ /	~

	SAMARITAN HOUSE			23-7416272
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fu	inds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·
		(a) Donor advised funds	(	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised fund	ts
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
Pa				
		·	990, Fait IV,	
1	Purpose(s) of conservation easements held by the organization		tion of a biota	vicelly important land area
	Preservation of land for public use (for example, recreat			brically important land area
	Protection of natural habitat		tion of a certi	fied historic structure
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a col	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				_2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic s	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		ng of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	►	<b>G</b> <i>i</i>		0,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing cor	servation eas	sements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	n 170(h)(4)(B)	(i)
		, ,		
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		nent and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			
Ь	If the organization elected, as permitted under FASB ASC 95			a sheet works of
D	art, historical treasures, or other similar assets held for public			
		exhibition, education, or research i		of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>N</b> A
~				
2	If the organization received or held works of art, historical trea		nancial gain, p	provide
	the following amounts required to be reported under FASB A	-		
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021
13205	10-28-21	26		
		26		

2021.05080	SAMARITAN	HOUSE

Sche		AN HOUSE				23-74	16272	2 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otł	ner Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	e significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	I 🗌 Loan or ex	change program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	the organization's e	xempt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or other sim	ilar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes"	on Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						-		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				<b>A</b>		
							Amount		
C.	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
T Oo	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	∟			] <b>NO</b> ]
Par						<u></u>			<u></u>
	Complete	(a) Current year	(b) Prior year	(c) Two years bac		vears back	(e) Four	vears	back
1a	Beginning of year balance							,	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с	Term endowment	<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administered fo	r the organiza	ation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			•			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	<b>t VI</b> Land, Buildings, and Equipm			0	V line 10				
	Complete if the organization answere								
	Description of property	(a) Cost or o	. ,		) Accumulate depreciation		(d) Bool	< value	Э
	Land	basis (investn		s (other) 92,459.	depreciation		2 601	2 1	50
	Land				,680,2		<u>2,692</u> 4,440		
	Buildings			26,402. 2 05,839.	406,9		-	5,⊥ 3,84	
	Leasehold improvements			90,272.	<u>408,9</u> 849,0			L,2	
	Equipment			40,034.	120,7			<b>,</b> <u>,</u>	
	Other			· · ·	-		8,398		
Iotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	<u>X, column (B), line</u>	10c.)			0,590	, 04	<u>- 0 -</u>

Schedule D (Form 990) 2021

15460615 758661 76045

Part VII Investments	Othor Socurition	
Schedule D (Form 990) 2021	SAMARITAN	HOUSE

Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization of the organ			
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			- <b>f</b>
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Dart IV line	11d Soc Form 000 Port V line 15	
	Description		(b) Book value
			(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	·····	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
			(b) Book value
(1) Federal income taxes (2) FUNDS HELD IN TRUST			522 Q/2
			<u>533,843</u> 5,921.
(3) OTHER CURRENT LIABILITIES			5,921.
(4)(5)			
(5)			
(6)			
(7)			
(8)			
(9) <b>-</b>			E20 764
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>	·····	539,764.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 SAMARITAN HOUSE			23-	7416272 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	29,103,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,567,750.		
b	Donated services and use of facilities	2b	1,353,092.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,214,658. 30,318,521.
3	Subtract line 2e from line 1			3	30,318,521.
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	51,164.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	51,164. 30,369,685.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	30,369,685.
Pa	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	26,970,967.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,353,092.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,353,092.
3	Subtract line 2e from line 1			3	25,617,875.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,164.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	51,164.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	25,669,039.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGA	NIZATION	IS A 7	<b>FAX-EXEMPT</b>	ORGANIZA	TION UI	NDER THE E	ROVISIONS C	F THE
INTERNAL	REVENUE	CODE,	SECTION 5	01(C)(3),	AND TI	HE CALIFOF	RNIA REVENUE	AND
TAXATION	CODE, SI	ECTION	23701D. A	CCORDINGL	Y, NO I	PROVISION	FOR FEDERAL	AND
STATE IN	COME TAXI	ES HAS	BEEN REFL	ECTED IN	THESE 1	FINANCIAL	STATEMENTS.	

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN

INCLUDED IN THE FINANCIAL STATEMENTS.

132054 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities											
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021			
Department of the Treasury			Open to Public								
Internal Revenue Service Name of the organization		Employer ide	Inspection entification number								
SAMARITAN HOUSE 23-7416272											
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
			Yes	No	-						
Total											
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	egistration			
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021			

132081 10-21-21

SAMARITAN HOUSE

23-7416272 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990- (a) Event #1	EZ, lines 1 and 6b. List e (b) Event #2		s greater than \$5,000.
					(c) Other events NONE	(d) Total events
			MAIN EVENT			(add col. <b>(a)</b> through
Ð			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	901,815.			901,815.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	901,815.			901,815.
	4	Cash prizes				
ŝ	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	81,968.			81,968.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	81,968.
_	11	Net income summary. Subtract line 10 from li				819,847.
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(I) Dull take (instant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	-					•
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming a				🗌 Yes 📃 No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
1320	32 10	)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	SAMARITAN HOUSE 2	3-7416272	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?		No
		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
			Yes	No
	Indicate the percentage of gamin			
				%
				%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:		
	Name ►			
	Address 🕨			
15a	Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue?	Yes [	No
h	If "Yes " enter the amount of gam	ing revenue received by the organization ▶ \$ and the amour	nt	
~		e third party  \$ and the amount of the constant of the c		
с	If "Yes," enter name and address			
	Name 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	► \$		
	Description of convises provided	•		
	Description of services provided			
	Director/officer	Employee Independent contractor		
	Mandatory distributions:	, state laurte males also vitable distributions from the sources and the		
a	retain the state gaming license?	r state law to make charitable distributions from the gaming proceeds to	Yes [	No
h	• •	required under state law to be distributed to other exempt organizations or spent in t		
~	organization's own exempt activit			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b	o, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
_				
13208	33 10-21-21	33	Schedule G (Form 99	90) 2021

SCHEDU (Form 99			arants and Oth vernments, ar					OMB No. 1545-0047	
(1 0111 00	,		ete if the organizatio					2021	
Department	of the Treasury	Comp		Attach to For				Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of	the organization	HOUSE						Employer identification number 23-7416272	
Part I	General Information on Grants a	nd Assistance							
	es the organization maintain records teria used to award the grants or assis								
<b>2</b> De	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
Part II	Grants and Other Assistance to recipient that received more than s	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
1 (a)	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
	ter total number of section 501(c)(3) a ter total number of other organization						1	└ 	

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

Schedule I (Form 990) 2021

SAMARITAN HOUSE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INANCIAL ASSISTANCE	50	138,893.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	

PART I, LINE 2:

CLIENTS ARE SCREEN FOR ELIGIBILITY. APPLICATIONS AND DOCUMENTS VERIFYING

ELIGIBILITY ARE REVIEWED FOR COMPLETION AND ACCURACY BY PROGRAM MANAGER

PRIOR TO SUBMISSION TO THE FINANCE DEPARTMENT FOR ISSUANCE. FINANCE

DEPARTMENT REVIEWS AND ENTERS INTO FINANCIAL SYSTEM AND UPLOADS REQUIRED

DOCUMENTS. REQUEST GO THROUGH ELECTRONIC APPROVAL WORKFLOW IN THE SYSTEM

CONSISTING OF CONTROLLER, PROGRAM MANAGER AND COO. CEO MUST APPROVE

ANYTHING OVER \$5,000.

SCF	<b>IEDULE J</b>		OMB No. 1545-0047						
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>91</b>				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	°	20					
Depart	ment of the Treasury	Attach to Form 990.		Open to		ic			
Internal	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informatio		Inspe					
Name	e of the organization			identificatio		nber			
Do	SAMARITAN HOUSE 23-7416 Part I Questions Regarding Compensation								
Par		s Regarding Compensation			Yes	No			
4-	<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,								
		rm 990,							
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.							
L 	Travel for com								
L [		ation and gross-up payments Health or social club dues or initiation							
[		spending account Personal services (such as maid, chau							
L			field, effely						
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b					
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors							
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization	n's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organi							
		ation of the CEO/Executive Director, but explain in Part III.							
[	Compensatior	o committee Written employment contract							
[	Independent o	ompensation consultant X Compensation survey or study							
[	X Form 990 of o	ther organizations X Approval by the board or compensation	n committee						
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
		e payment or change-of-control payment?		4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
		eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation						
	contingent on the r			5.		Х			
a ⊾	Any related ergeniz	ation 0		<u>5a</u>		X			
		ation? pr 5b, describe in Part III.		<u>5b</u>		A			
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation						
	contingent on the net earnings of:								
	<ul><li>a The organization?</li><li>b Any related organization?</li></ul>					X X			
		or 6b, describe in Part III.		<u>6b</u>					
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payme	nts						
	-	nes 5 and 6? If "Yes," describe in Part III		7		Х			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					Х			
		id the organization also follow the rebuttable presumption procedure described in							
		1 53.4958-6(c)?	<u></u>	9					
		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	- 000)	2021			

132111 11-02-21

### 23-7416272

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BART A. CHARLOW	(i)	218,385.	0.	0.	8,505.	16,517.	243,407.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON WONG	(i)	184,325.	0.	0.	7,062.	11,811.	203,198.	0.
DIRECTOR OF CLINIC SERVICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOLIE BOU	(i)	173,558.	0.	0.	6,820.	2,500.	182,878.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURA BENT	(i)	163,001.	0.	0.	6,498.	9,354.	178,853.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA MITCHELL	(i)	139,317.	0.	0.	5,385.	5,586.	150,288.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Pa

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ►

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

2021 **Open to Public** Inspection

Name of the organization	
--------------------------	--

# SAM

Employer identification number 23 - 7416272

		(0)	/h)	
ty				
ARITAN	HOUSI	Ξ		

Par	TI Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contril amounts report Form 990, Part VII	ed on		<b>(d)</b> Method of de cash contribu		•	s
1	Art - Works of art			·						
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		331	,910.	FAIR	MARKET	VA	LUE	
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	18	492	,286.	FAIR	MARKET	VAI	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other $\ldots$									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	Х	2				MARKET			
20	Drugs and medical supplies	Х	17	570,	<u>,286.</u>	FAIR	MARKET	VAI	LUE	
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts				1= 6					
25	Other $\blacktriangleright$ ( <u>TOYS</u> )	X	1				MARKET			
26	Other ( BUS VOUCHERS )	X	1	23	,850.	FAIR	MARKET	VA	JUE	
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz								•	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by						t it			
	must hold for at least three years from the date									v
	exempt purposes for the entire holding period?							30a		X
	If "Yes," describe the arrangement in Part II.	alia, da at ::-							v	
31	Does the organization have a gift acceptance p					uons?		31	X	
	Does the organization hire or use third parties of contributions?		•	· •				32a		x
b	If "Yes," describe in Part II.									

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

#### Schedule M (Form 990) 2021 SAMARITAN HOUSE Part II Supplemental Information. Provide the in

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

### SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

23-7416272

SAMARITAN HOUSE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES. WE PRESERVE DIGNITY, PROMOTE SELF-SUFFICIENCY, AND PROVIDE

HOPE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND TODDLERS IN NEED. THE BACK-TO-SCHOOL PROGRAM DISTRIBUTED 3,000 NEW

BACKPACKS FILLED WITH GRADE-APPROPRIATE SUPPLIES, ENSURING THAT

CHILDREN STARTED THE SCHOOL YEAR ON TRACK AND FOCUSED ON LEARNING. WE

FILED TAX RETURNS FOR 211 INDIVIDUALS, RESULTING IN \$203,342 IN

FEDERAL/STATE REFUNDS, \$39,046 EARNED INCOME TAX CREDITS (EITC), AS

WELL AS \$75,900 IN CHILD TAX CREDITS (CTC) AND ADDITIONAL CHILD TAX

CREDITS (ACTC). SAMARITAN HOUSE ALSO SERVES AS THE FISCAL SPONSOR FOR

THE CHRONICLE SEASON OF SHARING FUND, AND DISTRIBUTED \$1,430,580 TO

LOW-INCOME FAMILIES IN EMERGENCY FINANCIAL ASSISTANCE ON BEHALF OF

SEVEN CORE SERVICE AGENCIES SERVING SAN MATEO COUNTY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT AND INTERVENTION, EDUCATIONAL PROGRAMMING, AND OTHER SUPPORTIVE

SERVICES, AS NEEDED.

THROUGH PROJECT ROOMKEY AND PROJECT HOMEKEY, THE COUNTY SELECTED

SAMARITAN HOUSE TO LEAD SHELTER EXPANSION IN SAN MATEO COUNTY. IN

ADDITION TO THE PACIFIC EMERGENCY SHELTER, WE OPENED AND OPERATED

BAYFRONT STATION, AN OFF-SITE TEMPORARY SHELTER PROGRAM (OTSP),

COASTSIDE SHELTER (INTERIM), WINTER 2021 OTSP, AND 2022'S ISOLATION

HOTEL SHELTER, SHELTERING 1,700 UNHOUSED, MEDICALLY VULNERABLE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

INDIVIDUALS AND PROTECTING THEM FROM COVID-19.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PHYSICIANS, NURSES, DENTISTS, NURSE PRACTITIONERS, INTERPRETERS, AND OTHER CLINICAL AND ADMINISTRATIVE STAFF, TO OPERATE THE CLINICS. VOLUNTEERS CONTRIBUTED 3,561 VOLUNTEER HOURS IN FY22. SINCE 2016, WE HAVE OPERATED CALIFORNIA'S FIRST TWO FOOD PHARMACIES WHERE PATIENTS WITH DIABETES FILL "PRESCRIPTIONS" FOR FREE NUTRITIOUS FOOD. SINCE THE ONSET OF COVID-19, DISTRIBUTION OF MEDICATION AND FOOD PHARMACY 'PRESCRIPTIONS' MOVED TO A CURBSIDE PICKUP MODEL. THROUGH OUR FOOD PHARMACIES, WE DISTRIBUTED 8,245 BAGS OF FOOD TO 838 PATIENTS.

PROVIDING PRIMARY AND PREVENTIVE CARE TO THE MEDICALLY UNDERSERVED AND UNINSURED NOT ONLY BENEFITS THOSE RECEIVING THE CARE, BUT ALSO ACCRUES BENEFITS TO THE COMMUNITY AT LARGE. VACCINATIONS REDUCE THE SPREAD OF INFECTIOUS DISEASES IN A COMMUNITY. KEEPING RESIDENTS HEALTHY IMPROVES THE WORKFORCE AND ECONOMY. HAVING A PRIMARY SOURCE OF CARE REDUCES DEPENDENCE ON HOSPITAL EMERGENCY ROOM VISITS AT CONSIDERABLE COST SAVINGS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOMELESSNESS PREVENTION SERVICES:

HOMELESSNESS PREVENTION SERVICES TARGET FAMILIES IN CRISIS AND AT

IMMINENT RISK OF BECOMING HOMELESS. THE PROGRAM PROVIDES RENTAL AND

DEPOSIT ASSISTANCE, UTILITY ASSISTANCE, TRANSPORTATION AND OTHER

CRITICAL NEEDS IN ORDER FOR FAMILIES TO STABILIZE THEIR HOUSING

SITUATION. AS LEAD CORE SERVICE AGENCY FOR THE COUNTY, WE ARE

RESPONSIBLE FOR THE PROCUREMENT AND PROCESSING OF ALL FINANCIAL

Schedule O (Form 990) 2021

15460615 758661 76045

132212 11-11-21

Jame of the organization SAMARITAN HOUSE	Employer identification number 23-7416272
ASSISTANCE FOR THE REGION'S NETWORK OF SEVEN CORE SERVICE	AGENCIES.
IN FY22, WE DISTRIBUTED OVER \$3.75M IN COVID AND NON-COVI	D RELATED
INANCIAL ASSISTANCE, INCLUDING UTILITIES AND EMERGENCY R	ENTAL
ASSISTANCE, FROM ALL FUNDING SOURCES, INCLUDING THE EMERG	ENCY RENTAL

ASSISTANCE PROGRAM, THE CARES FUND, COVID SMC STRONG FUND, AND THE SVCF

COVID-19 REGIONAL RESPONSE FUND. ADDITIONALLY, AS THE STATE'S COVID-19

RENT RELIEF PROGRAM PARTNER, WE SUPPORTED THE DELIVERY OF MORE THAN

\$115M IN FINANCIAL RELIEF TO KEEP PEOPLE IN THEIR HOMES DURING

COVID-19. SAMARITAN HOUSE IS THE COUNTY'S CONTRACTED EFA ADMINISTRATIVE

ENTITY, AND WE SERVED A TOTAL OF 2,668 HOUSEHOLDS WHO WERE AT RISK OF

HOMELESSNESS, PROVIDING AN AVERAGE OF \$3,802 IN FINANCIAL ASSISTANCE

PER HOUSEHOLD. AS SAN MATEO COUNTY'S LEAD SOCIAL SERVICE AGENCY, WE

SERVED 881 IMMIGRANT FAMILIES WITH APPLICATION SUPPORT AND CORE

SERVICES FOLLOW-UP THROUGH PARTNERSHIP WITH THE \$16M SAN MATEO COUNTY

IMMIGRANT RELIEF FUND.

EXPENSES \$ 2,639,829. INCLUDING GRANTS OF \$ 138,893. REVENUE \$ 0.

COORDINATED ENTRY SYSTEM:

SAMARITAN HOUSE SERVES AS THE LEAD AGENCY FOR SAN MATEO COUNTY'S

COORDINATED ENTRY SYSTEM (CES) AND HAS DIVERSION SPECIALISTS OUT

STATIONED AT EACH CORE AGENCY OFFICE TO PROVIDE IMMEDIATE ACCESS TO

DIVERSION SERVICE HOUSING RESOURCES, AND IF NECESSARY, SHELTER

RESOURCES. IN FY22, CES SERVED 2,604 INDIVIDUALS COUNTYWIDE. THE

PROGRAM LEVERAGES UNHOUSED CLIENTS' RESOURCES AND RESILIENCY TO SECURE

HOUSING ARRANGEMENTS WITH A SHELTER PLACEMENT AS THE LAST RESORT. THIS

STRATEGY PREVENTS HOMELESSNESS FOR PEOPLE SEEKING SHELTER BY HELPING

THEM IDENTIFY IMMEDIATE ALTERNATE HOUSING ARRANGEMENTS AND, IF

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page <b>2</b>				
Name of the organization SAMARITAN HOUSE	Employer identification number 23-7416272				
NECESSARY, CONNECT THEM WITH SERVICES AND FINANCIAL ASSIST	ANCE TO HELP				
THEM RETURN TO PERMANENT HOUSING. CES HAS ALLOWED FOR A MORE					
STREAMLINED INTAKE AND REFERRAL PROCESS TO ENSURE THAT THE MOST					
VULNERABLE, MEDICALLY FRAGILE, CHRONICALLY UNHOUSED SENIORS,					
INDIVIDUALS, AND FAMILIES HAVE PRIORITY PLACEMENT IN ONE O	F SAN MATEO				
COUNTY'S EIGHT SHELTERS AND RECEIVE THE INTENSIVE CASE MANAGEMENT AND					
SUPPORT SERVICES THEY NEED.					
EXPENSES \$ 943,149. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.				

WORKER RESOURCE CENTER:

THE WORKER RESOURCE CENTER (WRC) MATCHES TEMPORARY LABORERS WITH POTENTIAL EMPLOYERS. MANAGED BY SAMARITAN HOUSE AND FUNDED BY THE CITY OF SAN MATEO, THE WRC OPENED IN 2003 WITH THE GOAL OF PROVIDING A SAFE PLACE FOR EMPLOYERS AND EMPLOYEES TO MEET. IN FY22, 451 CLIENTS WERE MATCHED TO 4,995 JOBS. ADDITIONALLY, WE PROVIDE ESL CLASSES, COMPUTER LEARNING, COMMUNITY ENGAGEMENT, TRAINING ON BASIC MAINTENANCE AND LANDSCAPE SERVICES, EMPLOYMENT SERVICES AND REFERRALS.

DURING COVID, THE WRC BECAME THE RALLYING POINT FOR THE DAY LABOR COMMUNITY. TO MEET THE SURGE IN NEED, THE WRC MODEL PIVOTED FROM A DAY LABOR SITE TO A SOCIAL SERVICES AGENCY, ADDRESSING FOOD INSECURITY, MEDICAL FRAGILITY, HOUSING STABILITY, AND FINANCIAL SECURITY. FOR THOSE INDIVIDUALS SELF-ISOLATING DUE TO EXPOSURE OR INFECTION, FOOD WAS PERSONALLY DELIVERED TO THEIR HOMES, PPE WAS DISTRIBUTED, AND COVID-19 VACCINE FLYERS WERE POSTED ACROSS TOWN. OVER 700 FAMILIES WERE REGISTERED FOR THE MISSION ASSET FUND IMMIGRANT RELIEF FUND, AND IN PARTNERSHIP WITH THE COUNTY, TWO WRC POP-UP COVID-19 VACCINE CLINICS WERE HELD.

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Name of the organization			Employer identification number
SAMARI	TAN HOUSE		23-7416272
EXPENSES \$ 267,775.	INCLUDING GRANTS OF \$ 0.	REVENUE \$	0.
			••

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

THE FINANCE COMMITTEE OF THE BOARD REVIEWED THE FORM 990 BEFORE IT WAS

FILED AND THE FULL BOARD OF DIRECTORS WAS PROVIDED WITH A COMPLETE COPY OF THE RETURN BEFORE IT WAS FILED.

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

THE EXECUTIVE AND NOMINATING/GOVERNANCE COMMITTEES OF THE BOARD REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY. ALL BOARD MEMBERS AND KEY STAFF SIGN A NEW CONFLICT OF INTEREST STATEMENT EACH YEAR. THE FORMS ARE REVIEWED AND KEPT WITH THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER BY THE BOARD EXECUTIVE COMMITTEE AND THE FULL BOARD. COMPARATIVE SALARY DATA IS USED FROM THE NON-PROFIT COMPENSATION ASSOCIATES FAIR PAY FOR NORTHERN CALIFORNIA NON-PROFITS FOR BOTH POSITIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON WRITTEN OR ELECTRONIC REQUEST FOR THE

SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D). ANNUAL FINANCIAL STATEMENTS

AND ANNUAL TAX FORM 990 ARE POSTED ON ITS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization SAMARITAN HOUSE	Page 2 Employer identification number 23-7416272
TEMPORARY STAFFING:	23 110272
PROGRAM SERVICE EXPENSES	2,555,417.
MANAGEMENT AND GENERAL EXPENSES	130,661.
FUNDRAISING EXPENSES	152,809.
TOTAL EXPENSES	2,838,887.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	394,517.
MANAGEMENT AND GENERAL EXPENSES	61,653.
FUNDRAISING EXPENSES	50,809.
TOTAL EXPENSES	506,979.
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	17,791.
MANAGEMENT AND GENERAL EXPENSES	2,277.
FUNDRAISING EXPENSES	2,361.
TOTAL EXPENSES	22,429.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,368,295.

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