Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018
Open to Public Inspection

For calendar year 2018 or tax year beginning and ending A Employer identification number Name of foundation 31-1644805 SAMARITAN HOUSING FOUNDATION, Number and street (or P O box number if mail is not delivered to street address) B Telephone number 866-261-1814 17001 SEARSTONE DRIVE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CARY,_NC__27513 G Check all that apply. Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year | J | Accounting method: F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) 131,580,184. Partil Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 43,792. Contributions, gifts, grants, etc , received Check I if the foundation is not required to attach Sch-B Interest on savings and temporary cash investments 273,004 273,004. STATEMENT 1 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 2019 Capital gain net income (from Part IV, line 2) **医** Net short-term capital gain Income modifications Gross sales less returns and anomalices .816,751.STATEMENT 2 b Less Cost of goods sold 846,751. 846,751. c Gross profit or (loss) 082,077. 082,077 STATEMENT 3 11 Other income 273,004. 928,828. <u>245,624.</u> Total Add lines 1 through 11 369,407. 0. 369,407. Compensation of officers, directors, trustees, etc. 0. 3,404,188. 0. 3,404,188. Other employee salaries and wages 0. 423,078. 0. 423,078. Pension plans, employee bénefits 15 Ō. 0. 125,938. STMT 125,938. 16a Legal fees 4 STMT 5 52,185. 0. .52,185. 0. **b** Accounting fees 1,869,793. 0. 1,869,793. 0. STMT 6 c Other professional fees 220,963. 4,366,588. 4,145,625. 0. 17 Interest 0. STMT 7 292,052. 292,052. O 18 Taxes 3,152,209. 3,152,209. 0. 19 Depreciation and depletion 635,004. 0. 635,004. 0. 20 Occupancy 27,642. 0. 27,642. 0. Travel, conferences, and meetings 22 Printing and publications 1,725,776. 0. 725,776 0. STMT 8 23 Other expenses 24 Total operating and administrative 4,515,032. 16,443,860 0. 11,928,828. expenses Add lines 13 through 23 540,000. 540,000. 25 Contributions, gifts, grants paid Total expenses and disbursements 16,983,860 ,928,828. 5,055,032 Add lines 24 and 25 Subtract line 26 from line 12: -4,738,236. 2 Excess of revenue over expenses and disbursements 273,004. b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

ξĐ	änt	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End of			
1 4	<u>aikt</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	5,594,141.	547,337.	547,337.		
	2	Savings and temporary cash investments	6,306,943.	2,875,382.	2,875,382.		
	3	Accounts receivable ► 69,139.					
		Less, allowance for doubtful accounts	110,243.	69,139.	69,139.		
	4	Pledges receivable ▶					
		Less; allowance for doubtful accounts					
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other		_ , , , ,			
		disqualified persons					
	7	Other notes and loans receivable 645,151.					
	<u> </u>	Less: allowance for doubtful accounts -	615,151.	645,151.	645,151.		
"	l a	Inventories for sale or use					
Assets	٦	Prepaid expenses and deferred charges	129,256.	215,128.	215,128.		
Ass		Investments - U.S. and state government obligations					
	l	Investments - corporate stock STMT 10	14,376,836.	16,986,697.	16,986,697.		
	l	Investments - corporate bonds					
	!	Investments - land, buildings, and equipment basis					
	 ' '			THE SHEET AS THE THE SHEET SHE	PHE STREET, OF SAFE DEPOSIT FRANCISCO		
	42	Less accumulated depreciation Investments - mortgage loans					
	1						
		Land, buildings, and equipment basis ► 122, 407, 283.					
	14	15 210 200	105 974 044	107,094,903.	107 004 003		
	4.5		10,335,624.	3 146 447	3,146,447.		
		Other assets (describe	10,333,024.	3,140,447.	<u>J,140,447.</u>		
	ם ו	Total assets (to be completed by all filers - see the	1/13 //12 238	131,580,184.	131 580 184		
_	47	instructions. Also, see page 1, item I)	4,164,189.	2,302,264.	131,300,104.		
	17	Accounts payable and accrued expenses	4,104,107.	2,302,2041			
	18	Grants payable	10,443,976.	10,377,103.			
es	19	Deferred revenue	10,445,970.	10,377,103.			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons					
Lia;	21	Mortgages and other notes payable Other liabilities (describe ► STATEMENT 11)	186,821,999.	188,892,224.			
_	22	Other liabilities (describe STATEMENT 11)	100,021,999.	100,072,224.			
-		7. 4-1 M-1-1945 (add base 47 Marson 00)	201,430,164.	201,571,591.			
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	201,430,104.	201,371,331.			
	Į	,					
S	١.,	and complete lines 24 through 26, and lines 30 and 31	_57 987 926	-70,035,199.			
ဥ		Unrestricted	-37,307,320.	43,792.			
퍨	25	Temporarily restricted	_	45,752.			
ä	26	Permanently restricted		,			
Š		Foundations that do not follow SFAS 117, check here					
Assets or Fund Balance		and complete lines 27 through 31.					
ŝ	27	Capital stock, trust principal, or current funds	-	_			
sse	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
¥.	29	Retained earnings, accumulated income, endowment, or other funds	-57,987,926.	-69,991,407.			
Net	30	Total net assets or fund balances	-31,361,320.	-03,331,407.	THE STREET OF STREET		
		T . 10 17	143,442,238.	131,580,184.			
=		Total liabilities and net assets/fund balances		131,300,104.			
沿	art	Analysis of Changes in Net Assets or Fund Ba	alances	•			
_	Total	not except or fund halances at heavening of year. Best II. column (a) line	20				
1		net assets or fund balances at beginning of year - Part II, column (a), line it agree with end-of-year figure reported on prior year's return)	uu		-57,987,926.		
•	-4,738,236.						
3		r increases not included in line 2 (itemize)	-	3	-62,726,162.		
4		lines 1, 2, and 3	· ୯୮୮ ୯୮	PATEMENT 9 5	7,265,245.		
5		eases not included in line 2 (itemize)			-69,991,407.		
<u>6</u>	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c			Form 990-PF (2018)		
				•	FORM 330-FF (2018)		

Part IV Capital Gains a	nd Lo	sses for Tax on In	vestment	Income					
		s) of property sold (for exar or common stock, 200 shs		te,	(b)	How acquired - Purchase) - Donation		ite acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a	_				<u> </u>				
b NON	1E				ļ		ļ		
<u>c</u>					<u> </u>				
<u>d</u>					-		1		
(e) Gross sales price	(f)	Depreciation allowed	(g) Cos	st or other basis			<u> </u> (h') Gain or (loss	<u>!</u> :)
(e) dross sales price		(or allowable)	plus e	xpense of sale			((e) r	olus (f) minus	(g))
a b									
C			,	 					
d									
е					_				
Complete only for assets showing	gain in	column (h) and owned by t	r				(I) Gains	(Col (h) gain	minus
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any			coi. (k), bi Loss	ut not less tha es (from col (n -u-) or (h))
a									 .
b									
d									
e									
2 Capital gain net income or (net cap	utal loss	If gain, also enter If (loss), enter -0			}	2		-	
3 Net short-term capital gain or (loss				•					
If gain, also enter in Part I, line 8, of the state of th			· (°).		}	3			
Part V Qualification Un	nder S	ection 4940(e) for	Reduced	Tax on Net	nve	estment In	come		
If section 4940(d)(2) applies, leave thi Was the foundation liable for the section If "Yes," the foundation doesn't qualify Tenter the appropriate amount in each	on 4942 under s	tax on the distributable am ection 4940(e) Do not com	plete this part	•					Yes X No
(a) Base period years Calendar year (or tax year beginning	g in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncha		ets	Dıstrı (col. (b) dı	(d) bution ratio yided by col. (c))
2017		2,93	2,977.		13	,086,00	2.		.224131
2016		3,29	6,294.			,271,28			.248378
2015		6,86	2,956.			,433,56			.813767
2014			6,577. 9,917.			,870,81 ,410,82			1.332338 .082665
2013		1,70	3,31/.		<u> </u>	,410,62	0.	7	.002003
2 Total of line 1, column (d)							2		2.701279
3 Average distribution ratio for the 5	-year bas	se period - divide the total c	on line 2 by 5.0), or by the numbe	er of y	years			
the foundation has been in existence if less than 5 years			3		.540256				
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4	1	7,833,483.				
5 Multiply line 4 by line 3			5		9,634,646.				
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		2,730.			
7 Add lines 5 and 6							7		9,637,376.
8 Enter qualifying distributions from	Part XII.	line 4					8		5,055,032.
If line 8 is equal to or greater than See the Part VI instructions.			1b, and comp	lete that part usin	g a 1	% tax rate.	ت		
823521 12-11-18	-			·				1	Form 990-PF (2018)

Form 990-PF (2018) SAMARITAN HOUSING FOUNDATION [Part,VI:] Excise Tax Based on Investment Income (Section 49)	, INC. 940(a), 4940(b), 4940(e), or 4	31-1644 948 - see ir	
	nd enter "N/A" on line 1.	TO THE T	
Date of ruling or determination letter: (attach copy of letter if		Kalia	}
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	0.
of Part I, line 27b			·
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	r 4% of Part I, line 12, col. (b)	\. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2	0.
3 Add lines 1 and 2	,	3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, enter -0-)	4	0.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	,	5	0
6 Credits/Payments			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 0.		
b Exempt foreign organizations - tax withheld at source	6b 0.], ' ' "	
c Tax paid with application for extension of time to file (Form 8868)	6c O.]	, , ,
d Backup withholding erroneously withheld	6d O.]	
7 Total credits and payments. Add lines 6a through 6d		7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8	0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9	0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpai	d 🕨	10	
11 Enter the amount of line 10 to be Credited to 2019 estimated tax	Refunded -	11	
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local l	egislation or did it participate or interveni	e iu	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes? See the instructions for the defii	nition	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	ies of any materials published or		[#] [FE[SE
distributed by the foundation in connection with the activities.			1 2 1
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:		
(1) On the foundation \blacktriangleright \$ 0 . (2) On foundation mana	gers. ► \$0.	_	1 1 1 1 1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation		
managers. ▶ \$ 0 .			1 1 1 1 1
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?		2 X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	ng instrument, articles of incorporation, o	or	, ,
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?		5 X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	ed either		
 By language in the governing instrument, or 			J. " 3" () 4"
 By state legislation that effectively amends the governing instrument so that no mand 	atory directions that conflict with the stat	e law	15 - 2 - 1
remain in the governing instrument?			6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c	omplete Part II, col (c), and Part XV		7 X
8a Enter the states to which the foundation reports or with which it is registered. See instru	uctions. ►		1 m
GA, NC			1 1 1 1 1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne Attorney General (or designate)		Landa de la constante de la co
of each state as required by General Instruction G? If "No," attach explanation			8b X
9 Is the foundation claiming status as a private operating foundation within the meaning of	of section 4942(j)(3) or 4942(j)(5) for cal	endar	13 1
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	complete Part XIV		9 X 0
10 Did any persons become substantial contributors during the tax year? If "Yes" attach a so	hedule listing their names and addresses		10 X
		Fo	orm 990-PF (2018)

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Da	irt VII;A Statements Regarding Activities (continued)			ugo o
	IT VII;A Statements Regarding Activities (continued)	1: - 1	Yes	No
		 	162	INO
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 [3.5
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		7,
	If "Yes," attach statement. See instructions	12	••	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.SEARSTONE.COM	4 0	400	
14	The books are in care of ► MARY P. CLEMENTS, CFO Telephone no. ► 919-23		108	
	Located at ► 17001 SEARSTONE DR, CARY, NC ZIP+4 ►27	513		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<i>,</i> ▶	
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	\longrightarrow	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	<i>I</i>	* t	;
	foreign country	2 - 1		المند الما
Pa	rt VII-Bi Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	, F.	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		;	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		í	·
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	i"	· •	· •
	a disqualified person?		, ~	. 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		12 6	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No		1	} }
	(5) Transfer any income or assets to a disqualified person (or make any of either available	`	y . :	
	for the benefit or use of a disqualified person)?			t "
	(6) Agree to pay money or property to a government official? (Exception Check "No"		<u> </u>	
	ıf the foundation agreed to make a grant to or to employ the official for a period after	 	t .	ر، ي و
	termination of government service, if terminating within 90 days.)	* ,	į	22.
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1.1	à, ` '	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	. .	X
	Organizations relying on a current notice regarding disaster assistance, check here],	j ' 111	19 1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<u> </u>	<u> </u>	<u> </u>
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	, a		! · [
	defined in section 4942(j)(3) or 4942(j)(5)):		1	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning) }	
	before 2018?		1.	,
	If "Yes," list the years \blacktriangleright	i	1 .	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	 ;	٠	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		L .	٠ -
	statement - see instructions.) N/A	2b	jen j	1)
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	\$ * .		<u> </u>
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	3	; .	
3a		! ;,	1	٠ ` · ا
	during the year? Yes X No) 	} - ^
b	of f"Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	P		> "
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		1	9 6
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	j'.	54 _	ı <u>+</u>
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		<u>x</u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	^
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-	111 .	X
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b rm 99 0)_PF	
	FU	THE SOL	, , ,	(2010)

Form 990-PF (2018) SAMARITAN HOUSING FOUNDAT			<u>31-164480</u>	5	Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or					
any voter registration drive?	, ,		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	ı		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions	described in section	□ v₀	s X No		
	or advantaged purposes or fo		3 (42) 140		
(5) Provide for any purpose other than religious, charitable, scientific, literary, of the research of any literary and an analysis.	or educational purposes, or it		s X No		
the prevention of cruelty to children or animals?			S A NO	ł	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N7 / N		ļJ
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A 5	<u> </u>	<u> </u>
Organizations relying on a current notice regarding disaster assistance, check hi				l	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro				1	
expenditure responsibility for the grant?	N	/A Ye	s No		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d)				ŀ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		6	b	X
If "Yes" to 6b, file Form 8870.			٢		
7a At any time during the tax year, was the foundation a party to a prohibited tax si	nelter transaction?	☐ Ye	s X No		J. I
b If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A 7	b	1
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				-	\vdash
	1,000,000 in remuneration of		s X No	ľ	1 [
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	es Foundation Man		:5 <u>21</u> 140 <u></u>	1, -	
Paid Employees, and Contractors	es, i oundation iviai	lagers, riigiliy			
List all officers, directors, trustees, and foundation managers and the	eir compensation				
List an officers, directors, a disters, and roundation managers and an	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exc	nense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account	, other
	to position	enter -0-)	compensation	allowa	ınces
					•
SEE STATEMENT 13		314,100.	55,307.		0.
· · · · · · · · · · · · · · · · · · ·					
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none.	enter "NONE."			
2 Compensation of the figurest paid employees (exist than these me		T	(d) Contributions to	(e) Ext	pense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account allowa	, other
170177	devoted to position		compensation	alluwa	iiices
NONE					
				_	
		1			
		\			
] ;			
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	•	<u> </u>		0
Total number of other employees para over 400,000			Far (on-PF	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service POYTHRESS COMMERCIAL CONTRACTORS, INC 24 TOWER COURT , CARY, NC 27513 CONSTRUCTION 1660342. SODEXO, INC PO BOX 360170, PITTSBURGH, PA 15251 942,061. FOOD SERVICES K&L GATES, LLP PO BOX 844255, BOSTON, MA 02284 LEGAL SERVICES 577,712. SEARSTONE-RLA - 7200 CREEDMOOR ROAD, STE 102, RALEIGH,, NC 27613 MANAGEMENT 457,400. AWARE SENIOR CARE 104-A FOUNTAIN BROOK CR, CARY, NC 27511 HOME CARE 250,275. Total number of others receiving over \$50,000 for professional services Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 14 16,443,860. SEE STATEMENT 15 540,000. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions

0.

Total. Add lines 1 through 3

For	m 990-PF (2018) SAMARITAN HOUSING FOUNDATION, INC.	31-16	44805	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see i	nstructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	15,675,	640.
	Average of monthly cash balances	1b	7,661,	902.
	Fair market value of all other assets	1c	7,325,	494.
d	Total (add lines 1a, b, and c)	1d	30,663,	036.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0.			
2	Acquisition indebtedness applicable to line 1 assets	2	12,557,	977.
3	Subtract line 2 from line 1d	3	18,105	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		576.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,833,	
6	Minimum investment return. Enter 5% of line 5	6		674.
_	art:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain		<u> </u>
	foreign organizations, check here 🕨 🗓 and do not complete this part.)			_
1	Minimum investment return from Part X, line 6	1		
2a	Tax on investment income for 2018 from Part VI, line 5			
þ	Income tax for 2018. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b	2c		
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5		
6	Deduction from distributable amount (see instructions)	6		
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7		
P	art·XIII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			_
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,055,	032.
b		1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:			_
	Suitability test (prior IRS approval required)	3a		
	Cash distribution test (attach the required schedule)	3b		
4	Qualitying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,055	032.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•	
-	income. Enter 1% of Part I, line 27b	5		0.
6		6	5,055	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2018)

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII ^r Undistributed Income (see	instructions)	N/A		
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1. Distributable amount for 2018 from Part VI		rouro prior to 2017	2017	2010
1 Distributable amount for 2018 from Part XI,				
line 7			 	<u> </u>
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only b Total for prior years;			 	-
g rotation prior years.				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
				
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from				
Part XII, line 4. > \$				
a Applied to 2017, but not more than line 2a			·	
b Applied to undistributed income of prior				
years (Election required - see instructions)				*
c Treated as distributions out of corpus				2
(Election required - see instructions)		F		
d Applied to 2018 distributable amount			-	
e Remaining amount distributed out of corpus		L		
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount			1	
must be shown in column (a))		7		
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		v.	,	
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years'			•	,
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed				ľ
d Subtract line 6c from line 6b. Taxable			1,	
amount - see instructions				
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.				1
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				
7 Amounts treated as distributions out of			- " " " " " " " " " " " " " " " " " " "	
corpus to satisfy requirements imposed by		,		
section 170(b)(1)(F) or 4942(g)(3) (Election			ľ	Ì
may be required - see instructions)				
8 Excess distributions carryover from 2013		•		
not applied on line 5 or line 7		ľ	*	1
9 Excess distributions carryover to 2019		-		
Subtract lines 7 and 8 from line 6a				
0 Analysis of line 9:				· · · · · · · · · · · · · · · · · · ·
a Excess from 2014				
b Excess from 2015			· ·	
c Excess from 2016] ,	,
d Excess from 2017				1
e Excess from 2018			\ '	

Form 990-PF (2018) SAMARIT. [Part XIV] Private Operating Form	AN HOUSING I			31-16	44805 Page 10
1 a If the foundation has received a ruling of	•		A, question o/		
foundation, and the ruling is effective for					
b Check box to indicate whether the found		•	section	4942(j)(3) or X 49	42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	g roundation doodnood in	Prior 3 years	10 12())(0) 01 <u></u> 10	12()/(0/
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					N/A
each year listed b 85% of line 2a					N/A
c Qualifying distributions from Part XII,	· · · · · · · · · · · · · · · · · · ·				11/21
line 4 for each year listed	5,055,032.	2,932,977.	3,296,294,	6,864,678.	18,148,981.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.	F 0FF 030	2 022 077	2/206 204	C 0C4 C70	10 140 001
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter. (1) Value of all assets	5,055,032.	2,932,977.	3,296,294.	6,864,678.	18,148,981. N/A
(2) Value of assets qualifying			-		
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					N/A
2/3 of minimum investment return shown in Part X, line 6 for each year listed	594,449.	436,200.	442,376.	281,119.	1,754,144.
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					N/A
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					N/A
(3) Largest amount of support from					N/A
an exempt organization (4) Gross investment income			· ·		N/A
Part XV Supplementary Info	rmation (Complet	te this part only if	the foundation h	ad \$5.000 or mor	
at any time during to 1 Information Regarding Foundation	he year-see instru				
List any managers of the foundation wh year (but only if they have contributed n			butions received by the fo	oundation before the clos	e of any tax
NONE b List any managers of the foundation wh			or an equally large portion	of the ownership of a pa	rtnership or
other entity) of which the foundation ha ${f NONE}$	s a 10% or greater interes	il.			
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pro	ograms:	·	
Check here ► X if the foundation of the foundation makes gifts, grants, etc.,	only makes contributions t	o preselected charitable o	organizations and does no		ests for funds. If
a The name, address, and telephone number	ber or email address of th	e person to whom applica	itions should be addresse	d:	
b The form in which applications should b	ne submitted and informat	ion and materials they sh	ould include:	-	<u> </u>
c Any submission deadlines:					
A Annual and the second		d propo observable field	lands of matrixities and a	har factors:	
d Any restrictions or limitations on award	s, such as by geographica	ii areas, charitadie tieids,	kinus oi institutions, of ot	ner lactors:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor a Paid during the year LUTHERAN SERVICES CAROLINAS NONE 501(C)(3) PERATIONAL_SUPPORT	Form 990-PF (2018) SAMARITAN HOU	SING FOUNDATIO	N, INC.	31-1644	805 Page 11
Recipient If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation status of recipient Foundation					
LUTHERAN SERVICES CAROLINAS P.O. BOX 947 SALISBURY, NC 28145-0947 Total ▶ 3a 540,000.	•	ear or Approved for Future	Payment		
LUTHERAN SERVICES CAROLINAS P.O. BOX 347 SALISBURY, NC 28145-0947 Total Approved for future payment NONE 501(C)(3) DEFRATIONAL_SUPPORT 540,000.		show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
LUTHERAN SERVICES CAROLINAS P.O. BOX 947 SALISBURY, NC 28145-0947 Total Total Approved for future payment NONE 501(c)(3) DEERATIONAL_SUPPORT 540,000.		or substantial contributor	гесіріепт		
F.O. BOX 947 SALISBURY, NC 28145-0947 540,000. Total D Approved for future payment 540,000.	a Paid during the year			}	
F.O. BOX 947 SALISBURY, NC 28145-0947 540,000. Total D Approved for future payment 540,000.				}	
F.O. BOX 947 SALISBURY, NC 28145-0947 540,000. Total D Approved for future payment 540,000.					
SALISBURY, NC 28145-0947 Total b Approved for future payment 540,000.	LUTHERAN SERVICES CAROLINAS	NONE	501(C)(3)	OPERATIONAL_SUPPORT	
Total ► 3a 540,000. b Approved for future payment	P.O. BOX 947				540.000
b Approved for future payment	SALISBURY, NC 28145-0947	<u> </u>	•		540,000.
b Approved for future payment					
b Approved for future payment					
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b Approved for future payment			<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>▶ 3a</u>	540,000.
NONE	b Approved for future payment			†	
NONE					
	NONE				
				}	
	•				
			-		
			<u></u>	<u>'</u>	
Total ▶ 3b 0. Form 990-PF (2018	Total		· · · · · · · · · · · · · · · · · · ·		0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a PATIENT SERVICE REVENUE					9,780,274.
h AMORTIZATION OF ADVANCE					37.0072720
c FEES			- - - - - - - - - - 		1,103,678.
d RESIDENT SERVICES					198,125.
е					
f					-
g Fees and contracts from government agencies					
2 Membership dues and assessments					_,
3 Interest on savings and temporary cash investments			14	273,004.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			, [
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				-	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			18	846,751.	
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(0 . [1,119,755.	11,082,077.
13 Total. Add line 12, columns (b), (d), and (e)				13	12,201,832.
(See worksheet in line 13 instructions to verify calculations.)					

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of				
▼	the foundation's exempt purposes (other than by providing funds for such purposes).				
1	THE PROGRAM SERVICES REVENUES ARE THE PRIMARY MEANS BY WHICH THE				
	ORGANIZATION ACCOMPLISHED ITS MISSION BY OPERATING THE CONTINUING	CARE			
	RETIREMENT COMMUNITY.				
		_			
	, and the second se				
	,				

Form **990-PF** (2018)

823621 12-11-18

Form 990-PF (2018) SAMARITAN HOUSING FOUNDATION, INC. 31-1644805 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yesl Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements (5) Loans or loan quarantees 1b(5) 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instr Sign Here **CFO** X Yes W. Signature of officer or trustee PTIN Print/Type preparer's name Preparer's signature Date Check self- employed Paid AMY BIBBY P00445891 Preparer Firm's EIN ► 56-0747981 Firm's name ► DIXON HUGHES GOODMAN

Form 990-PF (2018)

(828) 254-2254

Use Only

Phone no.

Firm's address ► 500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545 0047

Employer identification number

2018

31-1644805 SAMARITAN HOUSING FOUNDATION, Organization type (check one) Filers of: Section: 7 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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** 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 or 990-EZ), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

	SAMARITAN	HOUSING	FOUNDATION	, INC.
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31-1644805

(Part	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) / Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUZANNA M. ROSE LIVING TRUST		Person X
	4000 WINSTON HILL DRIVE APT 10 CARY, NC 27513	\$ 10,000.	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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person · Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Oncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

SAMARITAN HOUSING FOUNDATION, INC.

31-1644805

Part III	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. \from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

	TAN HOUSING FOUNDATION,				31-1644805
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following	na line entry. Foi	r organizations	
	completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	haritable, etc , contributions of \$ pace is needed	61,000 or less fo	or the year (Enter this info once	\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	pift	(d) Descr	ription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, an	d ZIP + 4		Relationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Descr	ription of how gift is held
}		(e) Transf	er of gift		
-	Transferee's name, address, an	d ZIP + 4		Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Descri	ription of how gift is held
		(e) Transf	er of gift		
-	Transferee's name, address, an	d ZIP + 4		Relationship of tran	nsferor to transferee
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
—					
-	<u>_</u>	(e) Transf	er of gift	<u> </u>	
-	Transferee's name, address, an	d ZIP + 4		Relationship of tran	nsferor to transferee

FORM 990-PF	INTEREST	ON SAVING	S AND TEMPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE			(A) REVENUE PER BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INC	OME		273,004.		273,004.	0.
TOTAL TO PAR	T I, LINE	3 "	273,004.	-	273,004.	0.

FORM 990-PF	INCOME AND COST OF GOODS INCLUDED ON PART I, LINE	
INCOME		
	OWANCES	846,751
	IE 2	846,751
	SOLD (LINE 15)	846-,-7-51
6. OTHER INCOME.		
7. GROSS INCOME (A	ADD LINES 5 AND 6)	846,751
COST OF GOODS SOLD		
9. MERCHANDISE PUR LO. COST OF LABOR, L1. MATERIALS AND S	EGINNING OF YEAR	
13. ADD LINES 8 THE	ROUGH 12	
	ND OF YEAR	

FORM 990-PF	OTHER :	INCOME	S	TATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PATIENT SERVICE REVENUE AMORTIZATION OF ADVANCE FEES	_	9,780,274. 1,103,678.	0.	9,780,274. 1,103,678.
RESIDENT SERVICES TOTAL TO FORM 990-PF, PART I,	LINE 11	198,125.	0.	198,125. 11,082,077.
	· =		-	
FORM 990-PF	LEGA	FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) . NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	125,938	. 0	. 125,938.	0.
	·			
TO FM 990-PF, PG 1, LN 16A =	125,938	0	. 125,938.	0.
TO FM 990-PF, PG 1, LN 16A ==	125,938 ACCOUNT			0. TATEMENT 5
<u></u>		(B) NET INVEST-	(C) ADJUSTED	TATEMENT 5
FORM 990-PF	ACCOUNT: (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	TATEMENT 5 (D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION	ACCOUNT: (A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME . 52,185.	(D) CHARITABLE
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	ACCOUNT: (A) EXPENSES PER BOOKS 52,185 52,185	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME . 52,185.	TATEMENT 5 (D) CHARITABLE PURPOSES 0.
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	ACCOUNT: (A) EXPENSES PER BOOKS 52,185 52,185	(B) NET INVEST- MENT INCOME 0	(C) ADJUSTED NET INCOME . 52,185.	TATEMENT 5 (D) CHARITABLE PURPOSES 0.
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	ACCOUNT: (A) EXPENSES PER BOOKS 52,185 52,185 THER PROFES (A) EXPENSES	(B) NET INVEST- MENT INCOME O SSIONAL FEES (B) NET INVEST- MENT INCOME 0	(C) ADJUSTED NET INCOME . 52,185 52,185. S (C) ADJUSTED NET INCOME . 1,852,630.	TATEMENT 5 (D) CHARITABLE PURPOSES 0. TATEMENT 6 (D) CHARITABLE

FORM 990-PF	TAX	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	292,052.	0.	292,052.	0.	
TO FORM 990-PF, PG 1, LN 18	292,052.	0.	292,052.	0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING OFFICE EXPENSE INFORMATION TECHNOLOGY CONFERENCES EXPENSE INSURANCE RESIDENT EXPENSE MISCELLANEOUS	161,690. 658,534. 141,943. 14,292. 111,634. 600,573. 37,110.	0. 0. 0. 0. 0.	161,690. 658,534. 141,943. 14,292. 111,634. 600,573. 37,110.	0. 0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	1,725,776.	0.	1,725,776.	0.	

FORM 990-PF	OTHER	DECREASES	IN NET	ASSETS	OR	FUND	BALANCES	STATEMENT 9
DESCRIPTION								AMOUNT
UNREALIZED GAT	-	ENT						124,14 7,141,098
TOTAL TO FORM	990-PF	, PART III	, LINE	5				7,265,24

FORM 990-PF CORPORATE STOCK		STATEMENT 10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ASSETS LIMITED TO USE	16,986,697.	16,986,697.
TOTAL TO FORM 990-PF, PART II, LINE 10B	16,986,697.	16,986,697.

FORM 990-PF C	OTHER LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
RESIDENT DEPOSITS BONDS PAYABLE SUBORDINATE OBLIGATIONS LIQUIDITY SUPPORT DEPOSITS REFUNDABLE ADVANCE FEES		1,766,522. 84,151,547. 17,557,205. 2,000,000. 81,346,725.	1,255,724. 84,454,015. 18,108,605. 2,053,280. 83,020,600.
TOTAL TO FORM 990-PF, PART II, I	LINE 22	186,821,999.	188,892,224.

FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF	END OF YEAR	FAIR MARKET
	YR BOOK VALUE	BOOK VALUE	VALUE
OTHER RECEIVABLES DEFERRED MARKETING COSTS DEFERRED FINANCING COSTS	1,744,832.	1,787,637.	1,787,637.
	7,331,546.	160,528.	160,528.
	1,259,246.	1,198,282.	1,198,282.
TO FORM 990-PF, PART II, LINE 15	10,335,624.	3,146,447.	3,146,447.

	LIST OF OFFICERS, DAND FOUNDATION MANA		STAT	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STANLEY BRADING 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	PRESIDENT/CEO 30.00	279,600.	55,307.	0.
REV. LUTHER BREWER 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	5,500.	0.	0.
LINDA COLEMAN 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	4,500.	0.	0.
JAMES PIERCE, CPA 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	5,000.	0.	0.
MACK LEATH 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	6,000.	0.	0.
CHARLES H. HENDERSON 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	5,000.	0.	0.
CHUCK NORMAN 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	5,500.	0.	0.
MARC HEWITT 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	3,000.	0.	0.
JANET CARTER 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	314,100.	55,307.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY ONE

SAMARITAN HOUSING FOUNDATION, INC. D/B/A SEARSTONE RETIREMENT COMMUNITY (A NOT-FOR-PROFIT ORGANIZATION) (THE "ORGANIZATION") IS A NONPROFIT ORGANIZATION ESTABLISHED TO PROVIDE_AN_ENHANCED__RETIREMENT_ENVIRONMENT_FEATURING_FULL SERVICE LIFE CARE FOR RESIDENTS OF SIXTY-TWO PLUS (62+) YEARS OF AGE, WHILE EMPHASIZING AN ACTIVE LIFESTYLE, INDIVIDUAL INDEPENDENCE, PERSONAL IGNITY, AND FAMILY ESTATE- ----PRESERVATION. WE SUBSCRIBE TO THE FOLLOWING STATEMENT:

DURING 2018, SEARSTONE CONTINUED ITS EFFORTS TO PROVIDE AN EXCEPTIONAL LIVING ENVIRONMENT FOR ALL OF ITS RESIDENTS BASED ON THE OBJECTIVES IN ITS MISSION STATEMENT. THIS INCLUDED SERVICES IN THE INDEPENDENT, ASSISTED, AND SKILLED LIVING LEVELS OF CARE. SEARSTONE ALSO STRIVED TO ESTABLISH ITSELF IN THE LOCAL COMMUNITY AS A VIBRANT PLACE TO LIVE AND FLOURISH. WITH MANY RESIDENTS BEING INVOLVED IN VOLUNTEER EFFORTS THROUGHOUT THE AREA.

TO FORM 990-PF, PART IX-A, LINE 1

16,443,860.

EXPENSES

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

ACTIVITY TWO

AT THE END OF 2018, SEARSTONE WAS THE NEW, PERMANENT HOME FOR 244 RESIDENTS. DURING 2018, SEARSTONE MADE CONTRIBUTIONS OF \$540,000 TO LUTHERAN SERVICES CAROLINAS. THESE DONATIONS WERE FOR DISTRIBUTION TO MULTIPLE NON-PROFITS IN THE COMMUNITY WHICH OFFERED SERVICES TO THE ELDERLY, AND/OR LESS FORTUNATE RESIDENTS OF THE COMMUNITY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

540,000.