

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **01-01-2022**, and ending **12-31-2022**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: SAMARITAS
 Doing business as: LUTHERAN SOCIAL SERVICES OF MICHIGAN
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 8131 E JEFFERSON AVENUE
 City or town, state or province, country, and ZIP or foreign postal code: DETROIT, MI 48214

D Employer identification number: 38-1360553
E Telephone number: (313) 823-7700
G Gross receipts \$ 122,250,325

F Name and address of principal officer:
 DAVID MORIN
 8131 E JEFFERSON AVENUE
 DETROIT, MI 48214

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ 9386

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SAMARITAS.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1934 **M** State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 SERVING PEOPLE AS AN EXPRESSION OF THE LOVE OF CHRIST. WE CONNECT PEOPLE WITH FAMILIES AND COMMUNITIES, EMPOWER THEM TO LIVE THEIR FULLEST LIFE POSSIBLE, AND CREATE A RIPPLE EFFECT OF TRANSFORMATION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,436
6 Total number of volunteers (estimate if necessary)	6	526
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,320
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	49,644,889	43,315,800
9 Program service revenue (Part VIII, line 2g)	51,537,633	55,709,315
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,160,751	-1,024,997
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,058,152	-687,840
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,401,425	97,312,278
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,246,556	7,922,691
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,685,689	62,595,640
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,524,431		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,220,613	39,755,150
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	98,152,858	110,273,481
19 Revenue less expenses. Subtract line 18 from line 12	6,248,567	-12,961,203

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	94,671,437	81,245,016
21 Total liabilities (Part X, line 26)	58,031,835	56,486,407
22 Net assets or fund balances. Subtract line 21 from line 20	36,639,602	24,758,609

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2023-10-02

CYNDIE SZCZUR INTERIM CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2023-10-02
 Check if self-employed PTIN: P00904574

Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951

Firm's address ▶ 2601 CAMBRIDGE CT STE 300 Auburn Hills, MI 48326 Phone no. (248) 375-7100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 48,615,986 including grants of \$) (Revenue \$ 42,942,172)

See Additional Data

4b (Code:) (Expenses \$ 25,511,659 including grants of \$ 2,649,567) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 14,841,592 including grants of \$ 4,238,688) (Revenue \$ 4,063,404)

See Additional Data

(Code:) (Expenses \$ 9,069,784 including grants of \$ 1,034,436) (Revenue \$ 7,853,921)

PERSONS WITH DISABILITIES - IN 2022, WE SERVED 61 INDIVIDUALS WITH DEVELOPMENTAL/INTELLECTUAL DISABILITIES (DD/ID) INCLUDING INDIVIDUALS WITH AUTISM, DOWN SYNDROME, MENTAL ILLNESS AND OTHER DD/ID DIAGNOSES. THIS SUPPORT IS ACHIEVED BY PROVIDING A LICENSED HOME AND CARE FOR INDIVIDUALS OR BY PROVIDING COMMUNITY LIVING SUPPORT SERVICES IN A PERSON'S OWN HOME. WE HAVE MULTIPLE LOCATIONS THROUGHOUT THE STATE WHERE WE ARE ABLE TO ARRANGE THESE SERVICES AND SUPPORTS. WE ALSO ASSIST INDIVIDUALS IN MAINTAINING INDEPENDENCE WITHIN THEIR OWN HOMES. BY WORKING WITH CLIENTS ON A DAILY OR WEEKLY BASIS, WE HAVE THE ABILITY TO SEE FIRST-HAND WHEN THEY HAVE PHYSICAL/EMOTIONAL/MENTAL DETERIORATION AND ADDRESS THE ISSUES SO INDEPENDENCE ISN'T THREATENED. WE ALSO WORK ON SKILL-BUILDING WITH CLIENTS TO IMPROVE ADLS, SOCIALIZATION, COMMUNICATION, AND COMMUNITY SKILLS. WE INTEGRATE OUR CLIENTS INTO LOCAL COMMUNITY ACTIVITIES IN ORDER TO BE AMONG OTHER COMMUNITY MEMBERS AND PARTICIPATE IN ACTIVITIES OF THEIR CHOOSING. AFFORDABLE HOUSING - SAMARITAS MANAGES 15 AFFORDABLE HOUSING COMMUNITIES; WHERE RENTAL ASSISTANCE IS PROVIDED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) BASED ON INCOME ELIGIBILITY. THIRTEEN OF THESE HOUSING COMMUNITIES SERVE SENIOR ADULTS LIVING INDEPENDENTLY; TWO SERVE FAMILIES; AND ONE SERVES PHYSICALLY DISABLED PERSONS CAPABLE OF LIVING INDEPENDENTLY WITH OR WITHOUT A LIVE-IN AIDE. FOR PEOPLE ON A FIXED INCOME, WITH LOW OR NO INCOME, SAMARITAS OFFERS AFFORDABLE LIVING IN MICHIGAN THANKS TO OUR HUD-SUBSIDIZED COMMUNITIES. EACH COMMUNITY FEATURES ITS OWN UNIQUE BLEND OF RESIDENCES, AMENITIES, PROGRAMS AND HEALTHCARE SERVICES. SO OUR RESIDENTS FEEL LIKE THEY ARE A PART OF A TRUE COMMUNITY WITH FRIENDLY NEIGHBORS AND CARING STAFF THAT BECOME LIKE FAMILY. THERE IS NEVER A DULL MOMENT AT SAMARITAS AFFORDABLE LIVING BECAUSE RESIDENTS ENJOY AN ABUNDANCE OF ACTIVITIES THAT RANGE FROM FUN TO EDUCATIONAL AND EVERYTHING IN BETWEEN. IN 2022, SAMARITAS SERVED 1,499 RESIDENTS IN AFFORDABLE HOUSING APARTMENTS. THE PROPERTIES CONTINUE TO PERFORM HIGH ON ALL HUD REVIEWS, ACHIEVING AN AVERAGE REAC SCORE OF 96%, DEMONSTRATING SAMARITAS' COMMITMENT TO A HIGH STANDARD OF MAINTENANCE AND SERVICE.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 9,069,784 including grants of \$ 1,034,436) (Revenue \$ 7,853,921)

4e Total program service expenses ► 98,039,021

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,436			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.		8		
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.		17		

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CYNDIE SZCZUR 8131 E JEFFERSON AVENUE DETROIT, MI 48214 (313) 823-7700

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	58,199				
	d Related organizations	1d	690,994				
	e Government grants (contributions)	1e	30,582,384				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,984,223				
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,529,849				
	h Total. Add lines 1a-1f			43,315,800			
Program Service Revenue	2a SENIOR LIVING SERVICES	Business Code					
		623000	43,574,248	43,574,248			
	b PROGRAM SERVICE FEES	623990	10,486,603	10,486,603			
	c MANAGEMENT FEE REVENUE	561000	1,648,464	1,648,464			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.			55,709,315				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		740,877			740,877	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	90,465				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	90,465				
	d Net rental income or (loss)		90,465	90,465			
	7a Gross amount from sales of assets other than inventory	(i) Securities	22,917,131				
		(ii) Other					
		b Less: cost or other basis and sales expenses	24,265,215	417,790			
		c Gain or (loss)	-1,348,084	-417,790			
	d Net gain or (loss)		-1,765,874			-1,765,874	
	8a Gross income from fundraising events (not including \$ 58,199 of contributions reported on line 1c). See Part IV, line 18		412,700				
		b Less: direct expenses	255,042				
		c Net income or (loss) from fundraising events		157,658			157,658
	9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
11a SENIOR LIVING ANCILLARY REVENUES	Miscellaneous Revenue	Business Code					
		541860	409,092	409,092			
	b TRAINING REIMBURSEMENT	541860	232,500	232,500			
	c MISCELLANEOUS	541860	-1,577,555	-1,581,875	4,320		
	d All other revenue						
e Total. Add lines 11a-11d			-935,963				
12 Total revenue. See instructions			97,312,278	54,859,497	4,320	-867,339	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,034,208	1,034,208		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,888,483	6,888,483		
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, trustees, and key employees	1,208,694		1,208,694	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	51,393,759	45,146,813	5,247,231	999,715
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	350,087	298,795	44,639	6,653
9 Other employee benefits	5,380,542	4,592,235	686,060	102,247
10 Payroll taxes	4,262,558	3,699,497	487,094	75,967
11 Fees for services (non-employees):				
a Management				
b Legal	251,903	222,789	28,919	195
c Accounting	144,683	127,961	16,610	112
d Lobbying	11,108		11,108	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,464,032	12,792,309	1,660,484	11,239
12 Advertising and promotion				
13 Office expenses	2,900,061	2,766,807	116,933	16,321
14 Information technology				
15 Royalties				
16 Occupancy	3,532,675	3,327,214	146,767	58,694
17 Travel	1,193,501	1,134,824	41,671	17,006
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,373,367	1,266,310	107,055	2
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,819,236	3,560,886	255,032	3,318
23 Insurance	3,424,049	3,235,679	173,837	14,533
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	2,286,385	2,086,929	155,988	43,468
b BAD DEBT EXPENSE	1,698,908	1,619,066	-1	79,843
c FOOD	1,630,920	1,630,920		
d PRINTING & PUBLICATIONS	758,203	296,177	439,374	22,652
e All other expenses	2,266,119	2,311,119	-117,466	72,466
25 Total functional expenses. Add lines 1 through 24e	110,273,481	98,039,021	10,710,029	1,524,431
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,940,881	1	2,203,865
	2 Savings and temporary cash investments	1,020,951	2	781,570
	3 Pledges and grants receivable, net	973,456	3	672,824
	4 Accounts receivable, net	19,314,742	4	18,091,398
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	887,305	8	561,134
	9 Prepaid expenses and deferred charges	1,131,038	9	1,463,421
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 99,453,887		
	b Less: accumulated depreciation	10b 62,362,381	38,868,193	10c 37,091,506
	11 Investments—publicly traded securities	18,878,014	11	8,272,301
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	-935	13	-1,323,202
	14 Intangible assets	90,874	14	195,169
	15 Other assets. See Part IV, line 11	9,566,918	15	13,235,030
16 Total assets. Add lines 1 through 15 (must equal line 33)	94,671,437	16	81,245,016	
Liabilities	17 Accounts payable and accrued expenses	10,305,879	17	7,585,376
	18 Grants payable		18	
	19 Deferred revenue	1,640,674	19	1,059,459
	20 Tax-exempt bond liabilities	37,105,000	20	35,840,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	800,782	21	702,164
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,716,801	23	6,414,482
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,462,699	25	4,884,926
	26 Total liabilities. Add lines 17 through 25	58,031,835	26	56,486,407
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,460,272	27	20,167,215
	28 Net assets with donor restrictions	6,179,330	28	4,591,394
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	36,639,602	32	24,758,609	
33 Total liabilities and net assets/fund balances	94,671,437	33	81,245,016	

Part 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	97,312,278
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,273,481
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,961,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,639,602
5	Net unrealized gains (losses) on investments	5	-935,226
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,015,436
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,758,609

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 38-1360553

Name: SAMARITAS

Form 990 (2022)

Form 990, Part III, Line 4a:

SAMARITAS SENIOR LIVING OFFERS RETIREMENT LIVING FOR SENIORS WITH FIVE COMMUNITIES IN MICHIGAN. OUR SERVICES INCLUDE INDEPENDENT LIVING, ASSISTED LIVING, SKILLED NURSING, MEMORY SUPPORT, AND REHABILITATION THERAPY OR HOME CARE SERVICES. OUR EXPERT CLINICAL TEAMS WILL HELP EVALUATE INDIVIDUAL NEEDS TO DETERMINE WHAT PROGRAM WILL BEST MEET THE NEEDS OF OUR RESIDENTS, WHILE ALSO ALLOWING FOR THE MOST INDEPENDENCE POSSIBLE. AS NEEDS CHANGE, SAMARITAS SENIOR LIVING HELPS GUIDE RESIDENTS TO ENSURE SUCCESSFUL TRANSITIONS OF CARE. OUR INDEPENDENT APARTMENTS IN GRAND RAPIDS, TRAVERSE CITY AND BLOOMFIELD HILLS, GIVE EVERY SENIOR THE OPPORTUNITY TO CAPTURE THE BEST OF EVERY DAY. FIND INSPIRATION IN AN ART OR MUSIC CLASS. ENJOY A COMPETITIVE GAME OF CARDS. GAIN NEW INSIGHT FROM A VISITING LECTURER. OR ENJOY A NIGHT OUT ON THE TOWN WITH NEIGHBORS. OUR RESIDENTS LIVE LIFE ON THEIR TERMS, ENJOYING WHAT THEY WANT, WHEN THEY WANT, AT SAMARITAS SENIOR LIVING. WHEN OUR RESIDENTS NEED INCREASED SUPPORTS, CATERED LIVING PROVIDES THE SERVICES OF ASSISTED LIVING IN OUR RESIDENTS' APARTMENT ALLOWING OUR RESIDENTS TO CONTINUE TO LIVE IN THEIR HOME BUT HAVE THE SECURITY OF 24 HOUR CARE. SAMARITAS SENIOR LIVING OFFERS THREE COMMUNITIES FOR ASSISTED LIVING IN MICHIGAN - BLOOMFIELD HILLS, GRAND RAPIDS AND TRAVERSE CITY. EACH COMMUNITY PROVIDES COMPREHENSIVE, PERSONALIZED CARE TAILORED TO YOUR INDIVIDUAL ABILITIES. SAMARITAS ASSISTED LIVING COMMUNITIES ARE COMMITTED TO HELPING YOU MAXIMIZE YOUR INDEPENDENCE. WHETHER YOU NEED HELP WITH MEDICATION MANAGEMENT, BATHING, DRESSING OR TRANSPORTATION, OUR CARING TEAMS ARE THERE TO LEND A HAND. IN 2022, WE SERVED 463 RESIDENTS IN OUR INDEPENDENT/ASSISTED LIVING PROGRAMS. SAMARITAS SENIOR LIVING HAS THREE STATE-LICENSED SKILLED CARE COMMUNITIES, LOCATED IN CADILLAC, GRAND RAPIDS AND SAGINAW. EACH COMMUNITY FOCUSES ITS SERVICES IN THESE MAIN AREAS: SKILLED NURSING, MEMORY CARE, INPATIENT AND OUTPATIENT REHABILITATION AND RESPITE CARE. RESIDENTS AT THESE COMMUNITIES RECEIVE 24-HOUR CARE SERVICES TAILORED TO THEIR NEEDS. WHETHER THE GOAL IS TO RETURN HOME FOLLOWING A REHABILITATION STAY OR TO HAVE PERMANENT RESIDENCE, SAMARITAS SKILLED CARE COMMUNITIES WILL DEVELOP A TREATMENT PLAN CUSTOM FOR OUR RESIDENT. FOR SENIORS WHO REQUIRE CONTINUOUS NURSING CARE, OUR SKILLED NURSES IN GRAND RAPIDS, CADILLAC AND SAGINAW PROVIDE PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT. RESIDENTS ARE GIVEN OPPORTUNITIES TO BE AS INDEPENDENT AS POSSIBLE WITH THE ASSURANCE OF CARE FROM OUR LICENSED STAFF MEMBERS. SPECIALIZED PROGRAMMING FOR THOSE WHO HAVE COGNITIVE IMPAIRMENT, THE HARBOR PROVIDES A SECURE ENVIRONMENT AND PROGRAMMING WITHIN THE LODGE. THE HARBOR HAS SPECIALIZED CAREGIVERS WHO ARE TRAINED TO WORK WITH ONE OF OUR MOST VULNERABLE POPULATIONS. REHABILITATION RESIDENTS ARE EMPOWERED TO RETURN HOME IN A TIMELY AND SUCCESSFUL MANNER. ONCE RETURNING HOME, OUTPATIENT SERVICES ENSURE SMOOTH TRANSITIONS HOME AND CONTINUED EVALUATION AND TREATMENT. IN 2022, WE SERVED 697 RESIDENTS IN OUR SKILLED NURSING COMMUNITIES.

Form 990, Part III, Line 4b:

SAMARITAS HAS BEEN PROVIDING SERVICES FOR CHILDREN AND FAMILIES SINCE 1934. WE ARE THE LARGEST PRIVATE FOSTER CARE ORGANIZATION IN MICHIGAN, WITH SIX REGIONAL CENTERS IN THE LOWER PENINSULA. FOSTER CARE IS A SERVICE PROVIDED TO CHILDREN FROM BIRTH TO AGE 18 WHO HAVE BEEN REMOVED FROM THEIR HOME BECAUSE OF RISK OF NEGLECT OR ABUSE. FOSTER FAMILIES PROVIDE 24-HOUR CARE TO CHILDREN AND HELP BIRTH PARENTS AND CHILDREN WORK TOWARDS FAMILY REUNIFICATION. SAMARITAS STAFF PROVIDE SUPPORT, AND THE LOCAL FAMILY COURT REVIEWS PROGRESS REGULARLY. OUR EXPERIENCED STAFF ARE PASSIONATE ABOUT THEIR DESIRE TO HELP FOSTER FAMILIES CREATE A BETTER LIFE FOR THE CHILDREN IN THEIR CARE. IN 2022, SAMARITAS SERVED 1,016 DOMESTIC YOUTH IN OUR FOSTER CARE PROGRAM. 95% OF OUR YOUTH IN FOSTER CARE HAD 2 OR FEWER PLACEMENTS IN FOSTER HOMES. ACHIEVING PERMANENCY IS CRITICAL FOR THE WELL-BEING OF CHILDREN WHO ARE UNABLE TO RETURN TO A PARENT/FAMILY MEMBER, AND 69% OF OUR YOUTH WERE PLACED FOR ADOPTION WITHIN 24 MONTHS OF ENTERING THE FOSTER CARE SYSTEM, OUT-PERFORMING THE STATE OF MICHIGAN BENCHMARK OF 36%. IN ADDITION TO DOMESTIC FOSTER CARE, SAMARITAS' REFUGEE FOSTER CARE PROGRAM SERVES YOUTH WHO FLEE FROM WAR, VIOLENCE OR PERSECUTION IN DOZENS OF COUNTRIES. BY THE TIME THEY GET TO THE UNITED STATES, THEY'VE BEEN SEPARATED FROM AND OFTEN LOST CONTACT WITH PARENTS AND OTHER FAMILY MEMBERS WHO CAN CARE FOR THEM AND HAVE OFTEN SUFFERED GREAT TRAUMAS AND THEY'RE NOT EVEN 18 YEARS OLD. THIS PROGRAM PROVIDES A VARIETY OF DIFFERENT SERVICES FOR REFUGEE YOUTH. MOST YOUTH ARE PLACED IN LOCAL FOSTER HOMES TO PROVIDE THE FAMILY ENVIRONMENT THAT IS IDEAL FOR YOUNG PEOPLE. AS YOUTH MATURE AND GAIN INDEPENDENCE, THEY OFTEN GRADUATE TO A "RENT-A-ROOM" HOME, PROVIDING LESS SUPERVISION AND MORE GENERAL GUIDANCE ABOUT HOW TO LIVE ON THEIR OWN. MANY YOUTH IN THE PROGRAM MAY BE MATCHED WITH A MENTOR, WHO WILL BE A POSITIVE ROLE MODEL AND HELP THEM ADJUST TO THE CUSTOMS AND CULTURE OF THE UNITED STATES. MANY YOUTH ALSO HAVE A TUTOR WHO HELPS THEM LEARN IN A NEW EDUCATIONAL SYSTEM AND DEVELOP POSITIVE STUDY HABITS. THROUGH SAMARITAS' FAMILY PRESERVATION PROGRAMS, WE SEEK TO GUIDE PARENTS TOWARD CREATING A SATISFYING, NURTURING HOME LIFE FOR THE ENTIRE FAMILY, TO KEEP CHILDREN IN THEIR NATURAL SETTING WITH THEIR BIOLOGICAL PARENTS. SAMARITAS PROVIDES A CONTINUUM OF SERVICES THROUGH OUR FAMILY PRESERVATION PROGRAMS. FOCUSED ON THE STRENGTHS OF THE FAMILY, WE GUIDE FAMILIES TOWARD KEEPING CHILDREN SAFE IN THEIR OWN HOME. 687 FAMILIES WERE SERVED BY THESE PROGRAM IN 2022, OF WHICH OVER 90% OF CHILDREN REMAINED IN THEIR HOME OR A RELATIVE PLACEMENT FOR AT LEAST 6 MONTHS AFTER THE INTERVENTION. THROUGH SAMARITAS' ADOPTION PROGRAM - LUTHERAN ADOPTION SERVICES (LAS) - WE HELP A CHILD FIND A "LIFE-LONG LOVING FAMILY." EVERY CHILD NEEDS LOVE, SHELTER AND GUIDANCE. THESE MOST BASIC OF PROVISIONS ARE MISSING FOR SOME CHILDREN, AND THE OLDER THE CHILD, THE DIRER THE CIRCUMSTANCES, ESPECIALLY WHEN THEY COME FROM AN ABUSIVE OR NEGLECTFUL SITUATION. IN 2022, LAS FACILITATED ADOPTIONS FOR 269 YOUTH.

Form 990, Part III, Line 4c:

SAMARITAS' NEW AMERICAN SERVICES HELP NEWLY ARRIVED REFUGEES NAVIGATE THEIR CONFUSING AND SOMETIMES SCARY FIRST MONTHS IN THE UNITED STATES. AS THE LARGEST REFUGEE RESETTLEMENT AGENCY IN THE STATE AND FOURTH LARGEST IN THE NATION, SAMARITAS HAS RESETTLED THOUSANDS OF PEOPLE FROM DOZENS OF COUNTRIES IN EUROPE, ASIA, AFRICA, THE MIDDLE EAST AND CENTRAL AND SOUTH AMERICA. SAMARITAS HAS BEEN THE MICHIGAN AFFILIATE OF LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS) SINCE THE 1950S. WITH THE SUPPORT OF THE U.S. DEPARTMENT OF STATE'S RECEPTION AND PLACEMENT (R&P) PROGRAM, SAMARITAS PROVIDES NEWLY ARRIVED REFUGEES WITH THE ESSENTIAL SERVICES AND SUPPORT THEY NEED TO BEGIN TO REBUILD THEIR LIVES AND TAKE STEPS TOWARD BECOMING U.S. CITIZENS. SAMARITAS PROVIDES EACH REFUGEE WITH THE SUPPORT TO OBTAIN SELF-SUFFICIENCY AND BECOME CONTRIBUTORS TO SOCIETY WITHIN ONE YEAR OF ARRIVAL. OUR NEW AMERICAN PROGRAM SERVICES PROVIDE SPONSORSHIP OF REFUGEES AND ASSISTANCE WITH RESETTLEMENT AND JOB PLACEMENT, IN CONJUNCTION WITH LIRS. RESETTLEMENT SERVICES PROVIDE CORE SERVICES SUCH AS RECEPTION, HOUSING PLACEMENT, CULTURAL ORIENTATION, ENGLISH AS A SECOND LANGUAGE, MEDICAL CASE MANAGEMENT, AND SCHOOL ENROLLMENT. SERVICES ARE PROVIDED FOR 90 DAYS. AFTER RESETTLEMENT, THE FOCUS IS TO ACHIEVE SELF-SUFFICIENCY AT 180 DAYS WITH EMPLOYMENT SERVICES DESIGNED TO HELP NEWLY ARRIVED REFUGEES FIND THEIR FIRST JOB AND RETAIN IT, THROUGH THE FEDERAL MATCH GRANT PROGRAM. IN 2022, SAMARITAS SETTLED 1,106 REFUGEES AND SERVED A TOTAL OF 3,404 INDIVIDUALS THROUGH OUR NEW AMERICAN SERVICES. SAMARITAS PROVIDES SUBSTANCE USE DISORDER SERVICES TO THOSE WHO STRUGGLE WITH THE IMPACT OF DRUGS AND ALCOHOL. OUR SUD TREATMENT MODEL INCLUDES: INDIVIDUAL AND GROUP COUNSELING, MEDICATION ASSISTED TREATMENT, CASE MANAGEMENT AND RECOVERY COACHING FOR ADOLESCENTS AND ADULTS. WE ARE, NOW MORE THAN EVER, COMMITTED TO COMBATING THIS PUBLIC HEALTH CRISIS. IN 2022, SAMARITAS SERVED 1,002 PERSONS IN THE PROGRAM. SAMARITAS' BEHAVIORAL HEALTH PROGRAMS CONSIST OF HOME-BASED SERVICES AND TRAUMA ASSESSMENT SERVICES. ALL OF OUR BEHAVIORAL HEALTH PROGRAMS ARE DESIGNED TO USE PERSON CENTERED PLANNING TO KEEP THE CHILD IN THE LEAST RESTRICTIVE HOME ENVIRONMENT. IN 2022, SAMARITAS SERVED 151 PERSONS IN OUR BEHAVIORAL HEALTH PROGRAMS. THE SAMARITAS FAMILY CENTER WESTLAND PROVIDES SHELTER SERVICES FOR FAMILIES, THROUGH A PARTNERSHIP OF SAMARITAS AND WAYNE COUNTY. WE WELCOME: TWO-PARENT FAMILIES, SINGLE MOTHERS OR FATHERS WITH CHILDREN AND PREGNANT WOMEN, WHO ARE HOMELESS IN WAYNE COUNTY. THE CENTER CAN SERVE UP TO 108 PERSONS IN 23 ROOMS AT ONE TIME, AND INCLUDES A FULL TIME CHILDCARE CENTER. THE TEFAP PROVIDES COMMODITY FOODS TO ELIGIBLE LOW INCOME RESIDENTS IN WESTERN WAYNE COUNTY AND IN THE DOWNRIVER AREAS. THE FAMILY CENTER IS FOCUSED ON HELPING FAMILIES ENGAGE IN THE MANY SERVICES OFFERED IN ORDER TO LEAVE THE CENTER WITH A PERMANENT HOUSING OPTION. IN 2022, THE FAMILY CENTER PROVIDED 59 FAMILIES (233 INDIVIDUALS) WITH TEMPORARY HOUSING. OF THOSE EXITING THE CENTER, 67% MAINTAINED OR INCREASED THEIR INCOME AND 73% EXITED TO PERMANENT HOUSING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID LOCHNER CHAIRPERSON	5.00	X		X				0	0	0
BRETT VANDERKAMP VICE-CHAIRPERSON	5.00	X		X				0	0	0
JASON PAULATEER SECRETARY	5.00	X		X				0	0	0
DAN CARTER TREASURER	5.00	X		X				0	0	0
ANDREW BLUM DIRECTOR	1.00	X						0	0	0
TRACEY BRAME DIRECTOR	1.00	X						0	0	0
DALE GERARD DIRECTOR	1.00	X						0	0	0
MARY ANN JONES DIRECTOR	1.00	X						0	0	0
BISHOP DON KREISS DIRECTOR	1.00	X						0	0	0
FRANZ SALAS DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LATRICIA TRICE DIRECTOR	1.00 0.00	X						0	0	0
JOHN VANDE GUCHTE DIRECTOR	1.00 0.00	X						0	0	0
WILLIAM DANAHER DIRECTOR - PART YEAR	1.00 0.00	X						0	0	0
FLOYD WILSON JR DIRECTOR - PART YEAR	1.00 0.00	X						0	0	0
SAM BEALS - HEARTLINE PRESIDENT	1.00 0.00	X		X				0	0	0
KEVIN VAN DEN BOSCH - HEARTLINE SECRETARY	1.00 0.00	X		X				0	0	0
JENNY CEDERSTROM - HEARTLINE TREASURER	1.00 0.00	X		X				0	0	0
DAVE MORIN CHAIRPERSON-PART YEAR/INTERIM CEO	49.00 1.00	X		X				48,511	0	262
SAM BEALS CEO	49.00 1.00			X				339,010	0	24,601
JENNY CEDERSTROM CFO	49.00 1.00			X				234,191	0	36,278

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLI DOBNER CHIEF ADVANCEMENT OFFICER	40.00 10.00			X				199,268	0	27,257
KIMBERLEY THOMPSON COO, SENIOR LIVING	45.00 5.00			X				166,589	0	37,643
KEVIN VAN DEN BOSCH COO, CHILD AND FAMILY	50.00 0.00			X				167,135	0	42,686
ANTHONY MULLER VP SUD AND BEHAVIORAL HEALTH	50.00 0.00					X		149,566	0	22,158
KELLY KYLLONEN SENIOR LIVING ADMINISTRATOR	50.00 0.00					X		166,998	0	19,038
CHARLES CAINE VP IT	50.00 0.00					X		164,872	0	17,141
CHERYL KOHS DIRECTOR, MARKETING AND COMMUNICATION	50.00 0.00					X		157,990	0	14,444
MONICA AGUILAR DIRECTOR OF NURSING	50.00 0.00					X		167,094	0	1,065

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage
Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage for 2020; 16a 33 1/3% support test-2022; 16b 33 1/3% support test-2021; 17a 10%-facts-and-circumstances test-2022; 17b 10%-facts-and-circumstances test-2021; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2022
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
 ● Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 ● Section 527 organizations: Complete Part I-A only.
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization SAMARITAS	Employer identification number 38-1360553
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		11,108
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			11,108
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

▶ 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.

Name of the organization
SAMARITAS

Employer identification number
38-1360553

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,728,147	13,355,597	12,453,063	10,744,885	11,727,846
b Contributions	54,060	213,561	32,433	14,133	241,467
c Net investment earnings, gains, and losses	-2,397,054	1,658,989	1,370,101	2,134,115	-664,498
d Grants or scholarships					
e Other expenditures for facilities and programs	693,994	500,000	500,000	440,070	559,930
f Administrative expenses					
g End of year balance	11,691,159	14,728,147	13,355,597	12,453,063	10,744,885

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 72.600 %
- c** Term endowment ▶ 27.400 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,272,207		2,272,207
b Buildings		58,488,848	36,904,030	21,584,818
c Leasehold improvements		4,548,322	2,776,768	1,771,554
d Equipment		24,088,002	16,137,874	7,950,128
e Other		10,056,508	6,543,709	3,512,799
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				37,091,506

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED ANNUITY	242,865
(2) FUNDED RESERVES	341,726
(3) FUNDS HELD IN TRUST	747,145
(4) LOAN RECEIVABLE FROM AFFILIATE	8,202,658
(5) RIGHT OF USE ASSETS	3,700,636
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	13,235,030

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	562,729
ESTIMATED THIRD PARTY SETTLEMENT	481,631
LEASE LIABILITY - OPERATING	3,840,566
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,884,926

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1360553

Name: SAMARITAS

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	SAMARITAS HAS PHYSICAL CUSTODY OF ASSETS HELD IN TRUST WHICH ARE NOT AVAILABLE FOR ITS USE . THESE ASSETS MAY BE DISBURSED ONLY ON THE INSTRUCTIONS OF THE ORGANIZATION OR INDIVIDUAL FROM WHOM THEY ARE RECEIVED. FUNDS IN THE AMOUNT OF \$198,201 INCLUDE FUNDS HELD IN TRUST FOR RESIDENTS, DEPOSITS AND PERSONAL FUNDS. THESE ASSETS ARE RECORDED AT FAIR VALUE AS OF DECEMBER 31, 2022. SAMARITAS ALSO HOLDS \$524,835 IN TRUST FOR RESIDENTS' ENTRY FEE DEPOSIT S WITH MAPLE CREEK SENIOR LIVING, LLC.

Supplemental Information

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

SCHEDULE G (Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
 SAMARITAS

Employer identification number
 38-1360553

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER WEST MI</u> (event type)	<u>DINNER SE MI</u> (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	274,619	196,280		470,899
2	Less: Contributions	29,219	28,980		58,199
3	Gross income (line 1 minus line 2)	245,400	167,300		412,700
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	38,075	42,567		80,642
	7 Food and beverages	16,318	18,243		34,561
	8 Entertainment	27,980	25,007		52,987
	9 Other direct expenses	45,457	41,395		86,852
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				255,042
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				157,658

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SAMARITAS

Employer identification number

38-1360553

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) SAMARITAS FOUNDATION, 8131 E JEFFERSON AVE, DETROIT, MI 48214, EIN 38-3201490, IRC 501(C)(3), Amount 1,034,208, Non-cash 0, Description empty, Purpose CAPITAL IMPROVEMENTS FOR BUILDING OWNED BY SAMARITAS FOUNDATION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOSTER CARE AND PRESERVATION	1703	2,649,567			
(2) OUTREACH SERVICES	4790	4,238,688			
(3) SERVICES FOR PERSONS WITH DISABILITIES	61	228			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	INDIVIDUALS WHO RECEIVE ASSISTANCE FROM SAMARITAS MUST MEET ELIGIBILITY REQUIREMENTS THAT ARE SET BY THE GRANTING AGENCIES FOR THE SPECIFIC PROGRAMS. PROGRAM MANAGERS MONITOR ELIGIBILITY TO ENSURE THAT THOSE SERVED MEET THE CRITERIA.
GRANTS TO INDIVIDUALS DETAIL:	THE TOTAL ASSISTANCE TO INDIVIDUALS OF \$6,888,483 IS BROKEN DOWN AS FOLLOWS: \$2,649,567 - BOARD CARE FOR FOSTER CHILDREN - PAYMENTS MADE TO FOSTER PARENTS BASED ON DAILY RATES SPECIFIED BY THE MICHIGAN DEPARTMENT OF HUMAN RESOURCES (DHS) \$4,238,688 - SPECIAL NEEDS FOR REFUGEES ADULTS PROGRAM \$228 - SPECIAL NEEDS FOR PERSONS WITH DISABILITIES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number
38-1360553

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SAMARITAS

Employer identification number

38-1360553

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue		21,045,000		22,825,000				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		269,579		284,685				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				7,000,315				
11	Other spent proceeds		20,775,421		15,540,000				
12	Other unspent proceeds								
13	Year of substantial completion		2015		2015				
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X				
b Exception to rebate?			X					
c No rebate due?				X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	MORGAN STANLEY		MORGAN STANLEY					
c Term of hedge	1000.0000000000 %		2358.4000000000 %					
d Was the hedge superintegrated?	X		X					
e Was the hedge terminated?		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

- ▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SAMARITAS

Employer identification number
38-1360553

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	266,717	MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	24	1,263,132	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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.		

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SAMARITAS

Employer identification number

38-1360553

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION: THE EXECUTIVE COMMITTEE DETERMINES CEO COMPENSATION USING COMPARATIVE DATA COMPILED BY INTERNAL AND EXTERNAL HUMAN RESOURCE SOURCES, ALONG WITH SPECIFIC GOAL ACHIEVEMENTS. OTHER TOP COMPENSATION: AT DIRECTION OF THE HUMAN RESOURCES DEPARTMENT, COMPARABLE DATA AND BUDGETARY GUIDELINES ARE USED TO DETERMINE COMPENSATION. THE PROCESS FOR DETERMINING COMPENSATION OCCURS ANNUALLY, AND IT WAS CONTEMPORANEOUSLY SUBSTANTIATED FOR 2022.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER: PROGRAM SERVICE EXPENSES 12,792,309. MANAGEMENT AND GENERAL EXPENSES 1,660,484. FUNDRAISING EXPENSES 11,239. TOTAL EXPENSES 14,464,032.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN INTEREST RATE SWAP 2,152,451. TOPIC 842 RESTATEMENT -137,015.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SAMARITAS

Employer identification number

38-1360553

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DANISH VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 20-2660328	LOW INCOME HOUSING	MI	N/A	RELATED	-168,047	-502,284		No		Yes		100.000 %
(2) ADRIAN VILLAGE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 45-4532834	LOW INCOME HOUSING	MI	N/A	RELATED		-475		No		Yes		0.010 %
(3) VILLAGE PINES OF MONROE LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 46-2026125	LOW INCOME HOUSING	MI	N/A	RELATED	-52	606,923		No		Yes		0.010 %
(4) SAMARITAS AFFORDABLE LIVING GRAND RAPIDS LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 82-4954642	LOW INCOME HOUSING	MI	N/A	RELATED	-21	-243		No		Yes		0.010 %
(5) SAMARITAS AFFORDABLE LIVING MUSKEGON LDHA LP 8131 E JEFFERSON AVE DETROIT, MI 48214 82-5063545	LOW INCOME HOUSING	MI	N/A	RELATED				No		Yes		0.010 %

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SAMARITAS FOUNDATION	C	690,994	COST
(2)SAMARITAS FOUNDATION	E	35,840,000	COST
(3)SAMARITAS FOUNDATION	L	168,000	COST
(4)SAMARITAS FOUNDATION	B	1,034,208	COST

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
ADRIAN VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 46-0876659	HOUSING ASSISTANCE	MI	0	-475	SAMARITAS
DANISH VILLAGE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529744	HOUSING ASSISTANCE	MI	-43	-748	SAMARITAS
HOPE DEVELOPMENT SOLUTIONS LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 20-5529686	DEVELOPMENT	MI	79,166	42,887	SAMARITAS
LAKEVIEW CADILLAC HOLDING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 27-2825968	HOUSING ASSISTANCE	MI	611,676	3,238,051	SAMARITAS
MAPLE CREEK SENIOR LIVING LLC 8131 E JEFFERSON AVE DETROIT, MI 48214	HOUSING ASSISTANCE	MI	0	0	SAMARITAS
SAMARITAS AFFORDABLE LIVING GRAND RAPIDS GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 82-4984621	HOUSING ASSISTANCE	MI	-21	-243	SAMARITAS
VILLAGE PINES OF MONROE GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 47-3801788	HOUSING ASSISTANCE	MI	-52	606,923	SAMARITAS
SAMARITAS AFFORDABLE LIVING MUSKEGON GP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 84-5071184	HOUSING ASSISTANCE	MI	0	0	SAMARITAS
DANISH SUB LP LLC 8131 E JEFFERSON AVE DETROIT, MI 48214 88-3441323	HOUSING ASSISTANCE	MI	-168,004	-501,536	SAMARITAS

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

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