(Rev January 2020)

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.

Open to Public

	rtment of the	e Treasury Service	► Go to www.irs.gov/Form990 for instructions and the latest i	information. 2000	Inspection
			endar year, or tax year beginning 7/1/2019 , and er	nding 6/30/20	20
В	heck if a	pplicable	C Name of organization SAMARITAN COLONY INC	D Employer iden	tification number
□△	ddress ch	nange	Doing business as		
一.	Name cha		Number and street (or PO box if mail is not delivered to street address) Room/suite	56-1121850	
<u>'</u>	name cna	nge I	136 SAMARITAN DRIVE	E Telephone num	ber
∐ "	nitial retur	'n	City or town State ZIP code	910-895-3243	
ΠF	inal return/t	erminated	ROCKINGHAM NC 28379		
\equiv			Foreign country name Foreign province/state/county Foreign postal		=
╙	mended i	return		G Gross receipts	<u>\$</u>
	pplication	pending	F Name and address of principal officer	H(a) Is this a group return for sub	ordinates? Yes X
_			HAROLD PEARSON 136 SAMARITAN DRIVE, ROCKINGHAM, NC 283	H(b) Are all subordinates inc	
	Tax-exem	nt etatue	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	h · ·	<u> </u>
					•
	Website:	<u>► ww</u>	w samaritancolony com	H(c) Group exemption numb	er P
K	Form of o	rganızatıon	X Corporation Trust Association Other ▶ L Year	r of formation 1972	State of legal domicile
P	art I	Sui	mmary		
				PROVIDE SERVICES A	ND FACILITIES FOR
9	1	•	JAL COUNSELING, PHYSICAL CARE AND EDUCATION FOR SUBSTAN		
an		 -	ND HAVE BEEN CLEARED TO COME TO THE PROGRAM BY MEDICAL		
E	1				
Activities & Governance			nis box • I if the organization discontinued its operations or disposed	J _	s net assets
<u>ن</u> مع	1		of voting members of the governing body (Part VI, line 1a)	3	
Se	1		of independent voting members of the governing body (Part VI, line 1b)	4	
ŧ	1		mber of individuals employed in calendar year 2019 (Part V, line 2a)	5	
疲	1		mber of volunteers (estimate if necessary)	6	
ď	7a	Total un	related business revenue from Part VIII, column (C), line 12	7a	
	b	Net unre	elated business taxable income from Form 990-T, line 39	7b	
	1			Prior Year	Current Year
<u>a</u>	8	Contribu	itions and grants (Part VIII, line 1h)	225,380	0 294,4
Revenue	9	Program	n service revenue (Part VIII, line 2g)	502,418	8 473,8
ě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	6	0
œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,58	3
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	745,44	1 768,
			and similar amounts paid (Part IX, column (A), lines 1–3)		0
	ſ		paid to or for members (Part IX, column (A), line 4)		0
(A			other compensation, employee benefits (Part IX, column (A), lines 5–10)	310,67	1 331,4
Se			onal fundraising fees (Part IX, column (A), line 11e)		ol
en Sen	,		idraising expenses (Part IX, column (D), line 25) ► 0		
Expenses			(penses (Part IX, column (A) lines 11a-11d, 11f-24e)	333,96	0 373,
_	10	Total av	penses Add lines 13–17 (must equal Part IX, column (A), line 25 EIVED	644,63	
	18	Total ex	benses Add lines 13-17 (must equal Part IX, Column (A), line 25)		
	19	revenue	e less expenses Subtract line 18 from line 12	100,810 Beginning of Current Year	
ts or	20	Total	sets (Part X, line 16) FEB 2 5 2021 MAR 0 2 20	71	
Salan Balan			50.0 (. 4.17.,		· · · · · · · · · · · · · · · · · · ·
ind A			polities (Part X, line 26)	12,33	
ي ٢			ets or fund balances Subtract lineCantanticaTaSERVICE CENTER	624,70	8 688,
	rt II		nature Block		4
Unde	er penaltie	true com	y, I declare that I have examined this return, including accompanying schedules and statements, et, and complete Declaration of preparer (other than officer) is based on all information of which	, and to the best of my knowled n preparer has any knowledge	oge .
anu t	Jener, It IS	Lude, corre		, p. sparer has any knowledge	
Sig	n		Second of the Pearson	Data 4	
Hei			Signature of officer HARDID PEARSON E. DIRRITOR	Date	<i>!</i> つ」
				401	1 41
			Type or print name and title		
		Prin	t/Type preparer's name Preparer's signature	Date	[PTIN
Pai	d		DHAME LEVAIS	2/25/2021 Check self-en	if nployed P00303918
Pre	parer		RHAM E LEWIS NO SPANNING STATE OF THE PROPERTY	- 1- 1	<u> </u>
	e Only		's name ► DURHAM LEWIS CPA PLLC	Firm's EIN ► 47-	
		Firm	's address ► 230 SOUTH LAWRENCE ST, ROCKINGHAM, NC 28379	Phone no (91	0) 997-3195
May	the IR	S discus	s this return with the preparer shown above? (see instructions)		X Yes
	,		5 and 5 and the property of the first description of the second of the s		<u>ليا "". نث</u>
	_		41		

Fom 99	0 (2019) SAMARITAN COLONY INC	<u>56-1121850</u>	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
- <u>!</u>	Briefly describe the organization's mission TO PROVIDE SERVICES AND FACILITIES FOR SPITITUAL COUNSELING, PHYSICAL CATE AND ED FOR SUBSTANCE ABUSE INDIVIDUALS THAT NEED HELP AND HAVE BEEN CLEARED TO COME I BY MEDICAL AND STATE PERSONEL		
1	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service.		X No
(expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported		
<u>.</u> <u>.</u>	(Code) (Expenses \$ 410,246 including grants of \$) (Reversed SAMARITAN COLONY PROVIDES A STRUCTURED PROGRAM THAT EDUCATES ADDICTED MALES AND THE RECOVERY PROCESS THAT WILL ENABLE THEM TO ASSUME RESPONSIBILITY FOR THE SECOND RESPONSIBLE MEMBERS OF THEIR FAMILIES AND COMMUNICATION OF THE DISEASE THAT WILL FAMILIES OF THE TREATMENT OF THE DISEASE THAT WENTY EIGHT DAY RESIDENTIAL FACILITY FOR THE TREATMENT OF THE DISEASE THAT ALSO PROVIDES SERVICES FOR THEIR FAMILIES	S ABOUT THEIR DISEA HE TREATMENT OF TH JNITIES SAMARITAN SE OF ADDICTION	
- - -			
4b	(Code) (Expenses \$ including grants of \$) (Reve	enue \$	
-			
-			
-			
-			
<u>-</u>		···	
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
-			·
-			
-			
-			
-			
	Other program services (Describe on Schedule O)	0.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	

A0 56-1121850

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If* "Yes," *complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If* "Yes," *complete Schedule D, Part VII*
- c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- **d** Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- **12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If* "Yes," complete Schedule D, Parts XI and XII
 - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

1	Х	
2		X
3		<u>x</u> _
4		
5		
6		X
7		x x x
8		X
9		,
		X
10		
11a	Х	
11b		<u>x</u> _
11c		<u>x</u> _
11d		X
11e		
11f		_ <u>x</u> _
12a		<u>x</u>
12b		X
13		
14a		X
14b		x
15		<u>x</u>
16		<u>x</u>
17		_x_
18	Х	
19		Х
20a		X
20b		
21		x
 Form	990	(2019)

Part	Checklist of Required Schedules (continued)			т——
22	Did the assessment was the off 000 of search as other positions to be for demants and will be		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		 ^-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		 ^-
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		e de la	2
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)	14.	_	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1		
	If"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			,,
25-	III, or IV, and Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		 ^-
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1000		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V	·	· -	<u> </u>
4	E (III) A (III)	- 100 Marie	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Y MARK		
С	gaming (gambling) winnings to prize winners?	1c	X	125 HOV
	garring (garriening) withings to prize withings			(2019)

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
				Yes	No					
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 8								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		<u>2b</u>	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)	3a	-	X					
3a										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	•	١							
L	a financial account in a foreign country (such as a bank account, securities account, or other finan	ciai account)?	4a		<u> </u>					
b	If "Yes," enter the name of the foreign country	mto /EDAD\								
E a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the arguments of Property to a probability of the construction of the construc	• •								
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.		5a 5b		X					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Saction	5c	-	 ^-					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	d the	<u>sc</u>							
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	a tric	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or	- Ca							
-	gifts were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		7 1							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f	or goods								
	and services provided to the payor?	J	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which if	was								
	required to file Form 8282?		7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	t contract?	7e		X_					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		7f		_X_					
g	· · · · · · · · · · · · · · · · · · ·									
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ned by the			<u></u>					
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.			- 4						
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	140-1	٠ - ا		- 4					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		7						
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 Gross income from members or shareholders	11a								
a b	Gross income from other sources (Do not net amounts due or paid to other sources			- 4	. 0					
D	against amounts due or received from them)	11ь	factorial and the second		. 					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Time I							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Cua							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
-	Note: See the instructions for additional information the organization must report on Schedule O		3		j.					
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			1					
С	Enter the amount of reserves on hand	13c			3					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche	dule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu									
	excess parachute payment(s) during the year		15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N			534						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investm	ent income?	16		Х					
.0	·	on moonie.	10		144					
	If "Yes," complete Form 4720, Schedule O				- 1					

Form 990 (2019) SAMARITAN COLONY INC Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 Yes

1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10					
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar		į					
	committee, explain on Schedule O		- 1					
þ	Enter the number of voting members included on line 1a, above, who are independent	1b	10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with						
any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under	he direct	ĺ					
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson?	Ì	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?							
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	Γ					
	one or more members of the governing body?		Į.	7a	_	Х		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members	,	ſ					
	stockholders, or persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during						
	the year by the following							
a	The governing body?			8a	Χ			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached						
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Νo 10a Did the organization have local chapters, branches, or affiliates? 10a

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

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	16b		
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<i>le O)</i> st pol	ісу,		
s	•		

List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedul Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and record 20 SAMARITAN COLONY 136 SAMARITAN DRIVE, ROCKINGHAM, NC 28379

Form	aan	(2019)	

SAMARITAN COLONY INC

56-1121850

Page 7

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

Check this box if neither the organization nor any		ation	con	npe	nsai	ted ar	пу с	urrent officer, dır	ector, or trustee	
				((>)					
(A) Name and title	(B) Average hours	Ďοx,	unles	neck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Highest compensated employee Key employee Officer		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) HAROLD PEARSON	40 00									
EXECUTIVE DIRECTOR	0 00	Х			Х	Х		63,520		
(2) DARRELL CROUCH	2 00									
BOARD CHAIRMAN	0 00	X	L							
(3) LARRY WEATHERLY	2 00									
VICE-CHAIRMAN	0 00	Х								
(4) BOB TOWNSEND	2 00				ĺ		1			

VICE-CHAIRMAN	0 00	х						
(4) BOB TOWNSEND	2 00							
BOARD MEMBER	0 00							
(5) BRAD CHARLES	2 00							
BOARD MEMBER	0 00	Х						
(6) JOHN FLANNERY	2 00							
BOARD MEMBER	0 00	Х						
(7) CLINT RAY	2 00							
BOARD MEMBER	0 00	Χ						
(8) LEE WALLACE	2 00							
BOARD MEMBER	0 00	_						
(9) BILL DUNN	2 00							
BOARD MEMBER	0 00	Х						
(10)								
						H	 	
(11)								
(40)			_			Н	 	
(12)					1			
(13)								
(13)								
(14)							 	

56-1121850

_ Pa	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week	(do r box, office	not ch unles er and	Pos neck ss pe d a d	tion more rson	than out	one an	(D) Reportable compensation from the	(E) Reporta compensation	ble ation	Estim	(F) ated amo	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizat (W-2/1099-		orgai	rom the hization a organiza	
(15)														
(16)														
(17)														
(18)	***													
(19)														
(20)													·	
(21)				-	-									
(22)														
(23)														
(24)														
(25)														
1b	Subtotal	<u> </u>	<u> </u>		I	1	L	•	63,520		0			0
C	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						>	63,520		0			0
d 	Total number of individuals (including but not lir	nited to those lis	sted a	bov	e) v	vho	rece	ved		,000 of	<u> </u>			
	reportable compensation from the organization											1	Yes	No.
3	Did the organization list any former officer, dire	ctor, trustee, ke	y em	ploy	ee,	or h	ighe	st co	ompensated		[163	
	employee on line 1a? If "Yes," complete Sched											3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.									h				,
	individual	itei tilali \$150,0	00 - 11	, ,	<i>7</i> 3,	CON	ipiete	, 00	iredule 5 for Suci	•		4		X
5	Did any person listed on line 1a receive or accr									/idual			_	
800	for services rendered to the organization? If "Yotion B. Independent Contractors	es," complete So	chedu	ile J	tor	suc	n pe	rsor	1			5	l	X
1	Complete this table for your five highest compe	ensated indepen	dent	con	trac	tors	that	rece	eived more than	\$100,000	of			
	compensation from the organization Report co	mpensation for	the c	alen	dar	yea	ar end	ling	with or within the	e organiza	tion's t			
	(A) Name and business address (B) Description of services							C	(C compen					
														0
													-	
			-											
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		the	se	ıste	d abo	ove) 0			:	,		

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains	a respon	se 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
"	1a	Federated campaigns			1a	0				sections 512-514
쁔뛻	b	Membership dues			1b	U				ļ į
윤립	С	Fundraising events			1c	12,766				
Ę ţ	d	Related organizations			1d	0				
ᅙᄛ	е	Government grants (contrib	ution	s)	1e	37,415				
Si El	f	All other contributions, gifts								
ie të		similar amounts not include	d abo	ve	1f	244,240				
흥制	g	Noncash contributions inclu	ıded ı	n						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g	\$ 0				
O B	h	Total. Add lines 1a-1f				<u> </u>	294,421			
_						Business Code				
<u>;</u>	2a	SERVICE REVENUE					473,859			
le S	b						0			
e e	C						0			
gram Sen Revenue	d						0			
Program Service Revenue	e	All other program conuce re			• • •		0			
ਕ ∣	q	All other program service re Total. Add lines 2a–2f	venu	е			473,859			1
	3	Investment income (including	an div	idends in	terest		473,033			
		other similar amounts)	ig uiv	iderido, iri		., and	74			
	4	Income from investment of	xempt bor	d pro	ceeds	0				
	5					•	0			
	,	,		(ı) Rea	al	(ii) Personal	_			1
	6à	Gross rents	6á							
	b	Less rental expenses	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income or (loss)				<u> </u>	0			
ĺ	7a	Gross amount from		(ı) Securi	ties	(II) Other				
		sales of assets	_			_				
		other than inventory	7a	<u> </u>	0	0				
Revenue	b	Less cost or other basis			^	_				
Ve		and sales expenses	7b		<u>0</u> 0	0				
	0	Gain or (loss) Net gain or (loss)	7c							
her	d 8a	Gross income from fundrais	sina							
Oth	- Ou	events (not including \$,y							
		of contributions reported or	line	1c)						
		See Part IV, line 18		,	8a					
	b	Less direct expenses			8b					
	С	Net income or (loss) from for	undra	ising even	ts	•	0			
	9a	Gross income from gaming	activ	ities						
		See Part IV, line 19			9a	0				
	b	Less direct expenses			9b	0				
	C	Net income or (loss) from g		g activities		▶	0			
	10a	Gross sales of inventory, le	SS			_			•	
	_	returns and allowances			10a	0				
	b	Less cost of goods sold		· · · · · · · · · · · · · · · · · · ·	10b	0				
	С	Net income or (loss) from s	ales c	or inventor	<u>y</u>	Business Code	0			
Miscellaneous Revenue	11a					Business Code	0			
scellaneo Revenue	b						0			
Ver Ser	C	••••				-	0			
Se Se	d	All other revenue	<u> </u>				0			
Ξ̈́	e	Total. Add lines 11a-11d					0			
	12	Total revenue. See instruc	tions				768,354	0	0	0

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic]			
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				1
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	63,250	31,760	31,760	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	222,572	222,572		
8	Pension plan accruals and contributions (include	25 000	00.070	0.400	
0	section 401(k) and 403(b) employer contributions)	25,868	23,372	2,496	
9 10	Other employee benefits Payroll taxes		17.056	2.510	
11	·	19,775	17,256	2,519	
	Fees for services (nonemployees)	71,389	71,389		
a b	Management	71,309	7 1,309		
C	Legal Accounting	3,800		3,800	
d	Lobbying	3,000		3,000	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	ol			
g	Other (If line 11g amount exceeds 10% of line 25, column	- -			
9	(A) amount, list line 11g expenses on Schedule O)	o		o	
12	Advertising and promotion	ol ol			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0	*		
16	Occupancy	168,082	168,082		
17	Travel	9,040	9,040		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,348	21,348	0	
23	Insurance	30,344	30,344		
24	Other expenses Itemize expenses not covered		1		
	above (List miscellaneous expenses on line 24e If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	PROGRAM EXPENSES	49,914	29,723		
b	REPAIRS & MAINTENANCE	5,131	5,131		
C	VEHICLE EXPENSE	6,016	6,016		
d	BAD DEBTS	8,416	8,416		
е	All other expenses	704.045	044.440	40.675	
25	Total functional expenses. Add lines 1 through 24e	704,945	644,449	40,575	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	1			

Part X Bala

Balance Sheet

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A)	_	(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		149,574	_ 1	221,249
	2	Savings and temporary cash investments		103,625	2	103,694
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		7,161	4	6,620
	5	Loans and other receivables from any current or form	· · · · · · · · · · · · · · · · · · ·			
		trustee, key employee, creator or founder, substantial	•			
		controlled entity or family member of any of these per	rsons	0	5	
	6	Loans and other receivables from other disqualified pe	1			
		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net		0	7	0
SS1	8	Inventories for sale or use		0	8	
٩	9	Prepaid expenses and deferred charges	į. L	14,995	9	14,995
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D 10a	990,932			
	b	Less accumulated depreciation 10b	641,413	361,686	10c	349,519
	11	Investments—publicly traded securities		0	11	
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	. 0
	15	Other assets See Part IV, line 11		0	15	0
	16 _	Total assets. Add lines 1 through 15 (must equal line	33)	637,041	16	696,077
	17	Accounts payable and accrued expenses		12,333	17	7,960
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability Complete Part IV	/ of Schedule D	0	21	
es	22	Loans and other payables to any current or former of	ficer, director,		_	
Liabilities		trustee, key employee, creator or founder, substantia	contributor, or 35%			
abi		controlled entity or family member of any of these per	sons	0	22	
	23	Secured mortgages and notes payable to unrelated to	hird parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third	d parties	0	24	0
	25	Other liabilities (including federal income tax, payable	es to related third			.
		parties, and other liabilities not included on lines 17-2	24) Complete			
		Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		12,333	26	7,960
S		Organizations that follow FASB ASC 958, check he	ere ▶ X		-	
ဦ		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		574,708	27	638,117
Ä	28	Net assets with donor restrictions		50,000	28	50,000
<u>n</u>		Organizations that do not follow FASB ASC 958, c	heck here ▶ ☐			
Ē		and complete lines 29 through 33.		1		
ō	29	Capital stock or trust principal, or current funds		0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund	0	30	
SS	31	Retained earnings, endowment, accumulated income	<u> </u>	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances		624,708	32	688,117
Š	33	Total liabilities and net assets/fund balances	<u> </u>	637,041	33	696,077
	·					Form 990 (2019)

Form 9	90 (2019) SAMARITAN COLONY INC	- 5	06-112185	U F	Page 1Z
Part					
	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		7	68,354
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	04,945
3	Revenue less expenses Subtract line 2 from line 1	3			63,409
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	24,708
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			<u> </u>
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		- 6	88,117
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		•		
			_	Ye	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		İ		
	Schedule O			_ _	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		l l	Ì	
	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?		21) X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both				İ
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				,
	Schedule O			ļ	
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?		38	a	Х
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 on Schedule O and describe any steps taken to undergo such audits		31	<u> </u>	
			Fo	rm 9 9	0 (2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer Identification number Name of the organization 56-1121850 SAMARITAN COLONY INC 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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). X 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 section 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) Is the organization (in FIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations

0

(E)

Total

instructions

56-1121850 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 108,687 84,782 125,367 110,450 128,815 558,101 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 108,687 84,782 Total. Add lines 1 through 3 110,450 125,367 128,815 558,101 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 558,101 Section B. Total Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) (f) Total 108,687 84,782 110,450 125,367 128,815 Amounts from line 4 558,101 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3 60 74 137 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 558,238 12 12 Gross receipts from related activities, etc. (see instructions) First five 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 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 99 98% 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 99 97% 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sac	etion A. Public Support	ality under the	lesis listed bei	ow, please con	ipiete Part II.)		
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(a) 2010	(D. Tatal
1	Gifts, grants, contributions, and membership fees	(a) 2013	(8) 2010	(6) 2017	(d) 2018	(e) 2019	(f) Total
•	received (Do not include any "unusual grants")		\				0
2	Gross receipts from admissions, merchandise				<u> </u>		
	sold or services performed, or facilities		\				
	furnished in any activity that is related to the		\ \				•
3	organization's tax-exempt purpose Gross receipts from activities that are not an		 				0
3	unrelated trade or business under section 513		· \				0
4	Tax revenues levied for the	-	<i>\</i>				
•	organization's benefit and either paid to		\ 				
	or expended on its behalf		· ·	\			0
5	The value of services or facilities	-		 			
•	furnished by a governmental unit to the			\		i	
	organization without charge			\			0
6	Total. Add lines 1 through 5	0	0	1 0	0	0	0
	Amounts included on lines 1, 2, and 3			\		<u> </u>	
	received from disqualified persons			\			0
h	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			\			0
c	Add lines 7a and 7b	0	0	10	0	0	
8	Public support (Subtract line 7c from			1	•	<u> </u>	
-	line 6)	í		\			0
Sec	ction B. Total Support		L, ,				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	\ (d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	\ 0	0	0
10a	Gross income from interest, dividends,			-			
	payments received on securities loans, rents,				\		
	royalties, and income from similar sources				\ \		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				\		
	acquired after June 30, 1975				\		0
С	Add lines 10a and 10b	0	0	0	o [*]	0	0
11	Net income from unrelated business	· · · · ·			,		
	activities not included in line 10b, whether		·			\	
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets					\	
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	o	0	\ 0	0
14	First five years. If the Form 990 is for the org	ganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here					/	▶ 🗀
Sec	tion C. Computation of Public Sup	port Percenta	age			1	
15	Public support percentage for 2019 (line 8, co	olumn (f), dıvıded l	y line 13, column	(f))		15	0 00%
16	Public support percentage from 2018 Schedu	ile A, Part III, line	15			16	0 00%
Sec	tion D. Computation of Investmen	t Income Perc	entage			,	1
17	Investment income percentage for 2019 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2018 Sc			.,,	ļ	18	0 00%
19a	33 1/3% support tests—2019. If the organiz			4, and line 15 is me	ore than 33 1/3%,		1
	not more than 33 1/3%, check this box and st						\▶□
b	33 1/3% support tests—2018. If the organiz						\ _
	line 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a publ	icly supported orga	ınızatıon	ightharpoonup
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		▶ \

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations			
4	Are all of the assessment and assessment are but a live assessment to the second of th		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-	<u> </u>	
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	İ		
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		_
-	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 50		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	-		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja	<u> </u>	
	designated in the organization's organizing document?	5b	<u>-</u>	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	"		
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u>.</u>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	_		
46	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below	10a		
	SUPPORTING OF GARIFACTIONS (1) 105, GROWER TOD DETOW	i iva		I .

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

Pärt l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
b	A family member of a person described in (a) above?	11b		
с_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	İ	ĺ	ĺ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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,	-	l	
	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	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported		1	l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>	<u> </u>	
Casti	supervised, or controlled the supporting organization on C. Type II Supporting Organizations	2	<u> </u>	l
Secu	on C. Type it 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		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	L	1
			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	l	<u> </u>	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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	}		ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
<u>Secti</u>	on 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 instr	uction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstruc	tions)	
2				No
2	Activities Test <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	.	1	
	how the organization was responsive to those supported organizations, and how the organization determined	ľ		1
	that these activities constituted substantially all of its activities	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	i	l	l
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.		 	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		,
•	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u></u>		
_	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b]	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgani	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızatıor	ns 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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			,
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)		·	* *
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	1	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	٠,	0
4 Enter greater of line 2 or line 3	4	• -	0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		1	
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lly integ	grated Type III supporting of	organization (see
instructions)	•		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	·		C
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			0 000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			C
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI) See			
	instructions			•
3	Excess distributions carryover, if any, to 2019		<u> </u>	
<u>a</u>	From 2014 0		·	
<u>b</u>	From 2015 0			
c	From 20160			
<u>d</u>	From 2017 0			,, ,,
е				
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	ů,		
4	Distributions for 2019 from	'	,	1.1
	Section D, line 7 \$ 0			
<u>a</u>	Applied to underdistributions of prior years	<u> </u>	0	
	Applied to 2019 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result		_	
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2019 Subtract lines 3h	1		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	0		
<u> </u>	Breakdown of line 7	<u> </u>		
a				· · · · · · · · · · · · · · · · · · ·
b			·	· · · · · · · · · · · · · · · · · · ·
c	Excess from 2017 0		······	
d		 		
е	Excess from 2019 0	1		

Schedule A (Fo	orm 990 or 990-EZ) 2019	SAMARITAN COLONY INC	56-1121850	Page 8
Part VI [*]	III, line 12, Part IV, Se B, lines 1 and 2, Part 3a, and 3b, Part V, Irr	nation. Provide the explanations required by Part II, line 10, Part II, line ction A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section e 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and complete this part for any additional information (See instructions)	e 17a or 17b, Part Part IV, Section E, lines 1c, 2a, 2b,	
	••			
				
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

SAMA	RITAN COLONY INC		56-1121850
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)	-	
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donor	rs, and donor advisors in writing that grant f	funds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
Part	Conservation Easements.		
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
		ole, recreation or education) Preservatio	n of a historically important land area
i	Protection of natural habitat	· <u>=</u>	n of a certified historic structure
ا ر	Preservation of open space	and a mindford assessment as sometimes	n in the form of a consequence
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	Held at the End of the Tax Year
_	easement on the last day of the tax year		2a
	Total number of conservation easements	monto	2b
	Total acreage restricted by conservation eases Number of conservation easements on a certi		2c 2c
	Number of conservation easements included in		20
u	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,		
•	the tax year	and to to to to to to to to to to to to to	g
4	Number of states where property subject to co	onservation easement is located	
	Does the organization have a written policy re		. handling of
	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in		conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing cons	ervation easements during the year
	▶ \$		
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the t	_	ancial statements that describes the
	organization's accounting for conservation ear	sements	
Part	Organizations Maintaining Collect		r Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simi		
	public service, provide in Part XIII the text of the		
þ	If the organization elected, as permitted under		
	works of art, historical treasures, or other similarity the following amounts		ion, or research in futurerance of
	public service, provide the following amounts		b c
	(i) Revenue included on Form 990, Part VIII,	ime i	► \$ ► \$
_	(ii) Assets included in Form 990, Part X	t historical transuras or other similar assi	
2	If the organization received or held works of a	rt, mistorical treasures, or other similar asset	to for infancial gain, provide the
	following amounts required to be reported und		▶ ¢
	Revenue included on Form 990, Part VIII, line	1	\$
b	Assets included in Form 990. Part X		▶ ⊅

Schedu	ile D (Form 990) 2019 SAMARITAN COLONY	/ INC					56-112	1850	Page 2
Part	III 'Organizations Maintaining Col	lections of A	rt, Histo	ical Trea	sures, or (Other	Similar Asset	s (continue	ed)
3	Using the organization's acquisition, access collection items (check all that apply)								
а	Public exhibition		d 🗌	Loan or	exchange pro	ogram			
b	Scholarly research		е 🦳	Other					
С	Preservation for future generations				• • • • • • • • • • • • • • • • • • • •	••••			
4	Provide a description of the organization's XIII	collections and	explain h	ow they fu	rther the orga	anızatıc	on's exempt purp	ose in Part	
5	During the year, did the organization solici assets to be sold to raise funds rather than							Yes	No
Part	IV Escrow and Custodial Arrange Complete if the organization ans 990, Part X, line 21		n Form 9	990, Part	IV, line 9, o	r repo	rted an amoun	t on Form	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	odian or other in	itermediar	y for contr	ibutions or ot	ther ass	sets not	Yes	☐ No
b	If "Yes," explain the arrangement in Part X	(III and complete	e the follow	wing table					
						<u> </u>		Amount	
С	Beginning balance					10			0
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance						· •		0
2a	Did the organization include an amount or							Yes	X No
b	If "Yes," explain the arrangement in Part X	III Check here	if the expl	anation ha	as been provi	ded on	Part XIII		
Part									
	Complete if the organization ans					—		. 1	
		(a) Current year		or year	(c) Two years		(d) Three years bac		
1a	Beginning of year balance	0		0		0		0	0
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							 	
e	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the co	urrent year end	balance (line 1g, co	lumn (a)) hel	d as		•	
а	Board designated or quasi-endowment	▶	%	•	,				
b	Permanent endowment	%							
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c s	should equal 100	0%						
3a	Are there endowment funds not in the pos	ssession of the c	organizatio	on that are	held and adr	mınıste	red for the		
	organization by								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations				5-			3a(ii)	
b	If "Yes" on line 3a(ıı), are the related organ							3b	
4	Describe in Part XIII the intended uses of		n's endowi	ment fund:	<u> </u>				
Part	VI Land, Buildings, and Equipme		n Farm (100 Dad	IV/ line 44=	S	Form 000 Por	+ Y lina 10	
	Complete if the organization ans			I					
	Description of property	(a) Cost or o	mer oasis	(D) Cost	or other basis	^(c)	Accumulated	(d) Book	value

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	1,800		1,800
b	Buildings	0	88,851	47,382	41,469
С	Leasehold improvements	0	438,461	342,962	95,499
d	Equipment	0	139,531	137,274	2,257
e	Other	0	322,289	113,795	208,494
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X.	column (B), line 10c)	•	349,519

Part VII	Investments—Other Securities. Complete if the organization answer	red "Yes" on Form 990 F	Part IV line 11b. See Form 9	90 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation
(1) Financia	al derivatives	0		
• •	held equity interests	0		
i				
/A\		1		
(B)				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col (B) line 12	2) ▶ 0		
Part VIII		·/		
	Complete if the organization answer	ered "Yes" on Form 990, F	Part IV, line 11c. See Form 9	90. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of val	uation
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13	3) ▶ 0		
Part IX	Other Assets.	01		·
I alt IX	Complete if the organization answe	red "Yes" on Form 990. F	Part IV line 11d See Form 9	90 Part X line 15
		Description	d	(b) Book value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				<u> </u>
		<u> </u>		
(8)				
(9)	umn (b) must equal Form 990, Part X, col	(R) line 15.)		
Part X	Other Liabilities.	(b) line 13)		
-	Complete if the organization answe line 25	ered "Yes" on Form 990, F	Part IV, line 11e or 11f See F	orm 990, Part X,
1.		escription of liability		(b) Book value
(1) Federa	al income taxes			(
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col	(D) (ma OF)		

Part	e D (Form 990) 2019 SAMARITAN COLONY INC		<u>56-1121850</u>	Page 4
	Reconciliation of Revenue per Audited Financial Staten		e 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	ا مما	İ	
	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b		
	Recoveries of prior year grants	2c 2c		
	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d	Zu	2e	Λ
3	Subtract line 2e from line 1		3	<u>0</u> 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l l	
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	_ +0	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	0
Part				
lait	Complete if the organization answered "Yes" on Form 990,	-	ses per iteturii.	
1	Total expenses and losses per audited financial statements	1 41(17, 1110 124	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	0
Part	XIII Supplemental Information.			
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	nd 4, Part IV, lines 1b ar	nd 2b, Part V, line 4, Par	t X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information	
				t X, line

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Schedule D (For		56-1121850	Page 5
Part XIII	Supplemental Information (continued)	<u> </u>	
			
		•••••	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, line 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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ARITAN COLONY INC					56-112	
Par					ered "Yes" on For	m 990, Part IV, li	ne 17
	Form 990-EZ filers are no						
1 a	Indicate whether the organization in Mail solicitations	raised funds thro			ng activities. Check a of non-government g		
b	Internet and email solicitations						
-	Phone solicitations		=		of government grant	8	
C	=		g 💹 S	peciai iuno	raising events		
d	In-person solicitations				/		
2a	Did the organization have a writter key employees listed in Form 990,						Yes No
b	If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	lividuals or entition	•	•		•	
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody c	idraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization
	·- · · · · · · · · · · · · · · · · · ·		Yes	No		.,	
1							
					0	0	0
2					o	0	0
3					0	0	0
4							
5					0	0	0
6				-	0	0	0
				<u> </u>	0	0	0
7					o	0	0
8					0	0	0
9						·	_
10			1		0	0	0
			1		0	0	0
Total				•	0	0	0
3	List all states in which the organizategistration or licensing	ation is registered	d or license	d to solicit (contributions or has	been notified it is e	xempt from
		·	· · · · · · · · · · · · · · · · · · ·				
••••• •••••			· · · · · · · · · · · · · · · · · · ·				
					·		
			· 	-			

Pa	irt II	more than \$15,000 of fo	undraising event contrib	butions and gross inco	on Form 990, Part IV, ome on Form 990-EZ,	line 18, or reported lines 1 and 6b. List
		events with gross recei	(a) Event #1 Golf Tournement (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	19,727		0	19,727
R	2	Less Contributions Gross income (line 1 minus			. 0	. 0
_		line 2)	19,727		0	19,727
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
sesus	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
Direct	8	Entertainment			0	0
	9	Other direct expenses	5,432		0	5,432
Pa	10 11 art III		ct line 10 from line 3, coluine organization answer	mn (d)), Part IV, line 19, or re	(5,432) 14,295 ported more
Revenue		than \$15,000 on Form	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue		,		0
Ses	2	Cash prizes				0
Expenses	3	Noncash prizes				C.
ರ	4	Rent/facility costs				C
 Dire	5	Other direct expenses				0
	6	Volunteer labor	☐ Yes <u>%</u> No	Yes <u>%</u> No	Yes %	,
	7	Direct expense summary Add	d lines 2 through 5 in colui	mn (d)	•	(0)
	8_	Net gaming income summary	Subtract line 7 from line	1, column (d)		C
9	a Is	inter the state(s) in which the or s the organization licensed to co "No," explain	onduct gaming activities in	each of these states?		Yes No
10			amıng licenses revoked, s	suspended, or terminated	during the tax year?	Yes No

Şchedı	ale G (Form 990 or 990-EZ) 2019 SAMARITAN COLONY INC	56-1121850 Page 3
° 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	
а	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 a records	nd
	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 ▶\$0 and the	
	amount of gaming revenue retained by the third party > \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$ 0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	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 to be distributed to other exempt organizations of	
Dort	spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, column	0 (w) and (v) and
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	
	See instructions	a momaton
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	······································	
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· SCHEDULE O ⁴ (Form §90 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SAMARITAN COLONY INC 56-1121850 Form 990, Part VI, Section B, Line 12C CONFLICT OF INTEREST ISSUES, IF ANY, ARE DISCUSSED AT MONTHLY BOARD MEETINGS Form 990, Part VI, Section B, Line 11B BOARD MEMBERS REVIEW FORM 990 PRIOR TO FILING Form 990, Part VI, Section C, Line 19 ALL REQUIRED DOCUMTNES ARE KEPT AT THE BOARD'S OFFICE AND ARE AVALABLE FOR PUBLIC INSPECTION UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
SAMARITAN COLONY INC	56-1121850
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Schedule O (Form 990 or 990-EZ) (2019) ` `-. .