

Retail Development Infrastructure Grant Application

McKinney Community Development Corporation FY 2024

Important Information

- **Form Function Note:** To save your progress in the form, you must scroll to the bottom of the form and select 'Save'. If you do not have a Jotform login, you will need to create one.
- Please read the McKinney Community Development Corporation [Grant Guidelines](#) before completing this application.
- The Grant Guidelines are available on this website or by emailing Info@McKinneyCDC.org.
- A completed application and all supporting documents are required to be submitted via this application for consideration by the MDCDC board.
- **Applications must be completed in full, using this electronic form, and received by MDCDC by 5 p.m. on the application deadline indicated on the [Grants page](#) of this website.**
- **If you are interested in a preliminary review of your grant request or event idea, please complete and submit the online [Letter of Inquiry](#).**

Eligible Improvements

Retail Development Infrastructure Grants fund infrastructure improvements, for retail establishments or buildings housing a retail enterprise, that are exterior to a property, necessary to promote or develop new or expanded business enterprises, and include:

- Sewer
- Water
- Electric Utilities
- Gas Utilities
- Drainage
- Lighting (for security enhancements)
- Fencing (for security enhancements)
- Site Improvements
 - (Landscape only considered if replacement required due to infrastructure improvements)
 - Walkways – concrete or other materials
 - Parking
- Fire suppression systems

Retail is defined as: storefronts/shops, restaurants, specialty food venues, event venues, salons, grocery stores, drug stores, etc.

Landmark retail is defined as: retail buildings within the historic downtown area with boundaries that coincide with the "Cultural District" designation; and retail redevelopment opportunities at locations that are viewed as gateways into the city (e.g. Highway 5 and Spur 399 – and other locations along Highway 5; Virginia Parkway and 75).

Applicant Information

Name Kellie Maynard

Company Name Samaritan Inn, Inc.

Federal Tax I.D.	75-1984285
Incorporation Date	Monday, July 23, 1984
Mailing Address	1725 N McDonald St McKinney, Texas, 75071
Phone Number	(972) 542-5302
Email	kmaynard@saminn.org
Website	www.saminn.org
Facebook	https://www.facebook.com/InnStyleResale/
Instagram	https://www.instagram.com/innstyleresale/
LinkedIn	https://www.linkedin.com/company/the-samaritan-inn/posts/

Please provide a detailed narrative about your organization including years established, mission, goals, scope of services, successes, contribution to community, etc.

For over 40 years, The Samaritan Inn has delivered hope and meaningful support to people experiencing homelessness. Founded in 1984 as a 10-bed emergency shelter for men only, The Inn has expanded its reach dramatically over the years to become one of the largest housing programs in North Texas.

Today, The Inn sits on a 15-acre campus in northeast McKinney and features a 226-bed transitional shelter and a 20-unit reduced-rent apartment complex that together house hundreds of unhoused individuals annually. The Inn also operates an embedded diversion program, which helps prevent homelessness through short-term case management, mediation, rental assistance, and targeted financial aid.

The Inn is the only Collin County shelter that serves single men and women of all ages and is one of few in the state that provides on-site kennels for its residents' cherished pets. It is also distinguished for its role in combating food insecurity, sharing more than one million pounds of food annually with local pantries and relief groups.

Our mission is to serve as a comprehensive housing program that supports individuals in realizing dignity and gaining independence. We fulfill this mission by ensuring that those who seek our help are housed, clothed, and nourished, and have access to resources and assistance that empower self-sufficiency and foster improved economic, financial, and personal health and well-being.

Last year, we provided immediate aid and support to more than a thousand people who came through our doors seeking hope and opportunity. Among these, 503 participated in one of our three core housing programs:

- **INNspire:** This long-term stay, transitional shelter is our cornerstone program. Beyond providing daily meals and essential supplies, it provides crucial wrap-around supports that include case management and care coordination, mental health counseling, adult education, financial and career coaching, and financial assistance for critical needs. Last year 438 men, women, and children called The Inn "home," and 82% of households that stayed with us for 6 or more months showed significant improvement in self-sufficiency.
- **Gateway:** This program offers a bridge to permanent housing for INNspire graduates. It includes a fully furnished apartment at below market rental rates, and ongoing case management and counseling support. Tenants may stay up to 18 months and take all furnishings and household goods when they exit. Last year 46 people lived at our Gateway apartments and 12 exited to permanent housing.
- **Front Door:** This client-centered program delivers immediate housing solutions to prevent those on the brink of homelessness from entering the shelter system. Program services include short-term case

management, mediation support, coordination of resources, rental assistance, and other financial aid necessary to help people maintain or obtain housing. Last year this program served 56 households and helped divert 26 of those to stable housing.

All of our programs and services contribute to the larger community by providing access to urgently needed aid and a holistic approach to solving the issue of homelessness. By addressing needs in multiple areas—and at different points on the spectrum of homelessness—we help foster stability and measurable growth that leads to healthier, more resilient people and communities.

Our Inn Style Resale Shop—the focus of this grant request—is another avenue in which we benefit the community. Established in 2005 as an earned income source for The Inn, this retail store sells donated household goods and clothing to the public. While the revenue supports our programs, the store benefits the community by providing quality goods at low prices and by serving as a vital hub of community giving, support, and volunteerism.

Organization Type

Nonprofit 501(c)3 (Attach copy of IRS Determination Letter)

IRS Determination Letter for 501(c)3



SamInn - IRS Determination Letter.pdf

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select '**Save**'. If you do not have a Jotform login, you will need to create one.

Contact Information

Representative Completing Application

Name	Krisitna Nasri
Title	Grants Administrator
Mailing Address	1725 N McDonald St McKinney, Texas, 75071
Phone Number	(972) 542-5302
Email Address	knasri@saminn.org

Contact for Communication Between MCDC and Organization

Name	Heather Molsbee
Title	VP of Strategic Partnerships
Mailing Address	1725 N McDonald St McKinney, Texas, 75071
Phone Number	(972) 542-5302

Email Address hmolsbee@saminn.org

Property Owner Information (if different from Applicant)

Are you the property owner?

Name Jill Scigliano

Company Samaritan Inn, Inc.

Mailing Address 1725 N McDonald St
McKinney, Texas, 75071

Phone Number (972) 542-5302

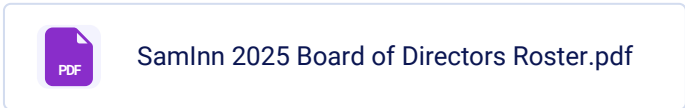
Email Address jscigliano@saminn.org

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select **'Save'**. If you do not have a Jotform login, you will need to create one.

Company / Organization Board of Directors

See attachment for list of board of directors

Board of Directors Attachment



Leadership Staff

The Samaritan Inn's leadership staff includes:

- Jill Scigliano, Chief Executive Officer
- Kellie Maynard, Chief Development Officer
- Mysti Hively, Chief Programs Officer
- Dennis Seeman, MBA, CPA, Chief Operations Officer

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select **'Save'**. If you do not have a Jotform login, you will need to create one.

Detailed Project Information

Project / Business Name Inn Style Resale Shop

Location of Project McKinney

Physical Address 103 East University Dr.
McKinney, Texas, 75069

Property Size (in acres) .47

Collin CAD Property ID 2550758

Property Use (retail, restaurant) retail

Estimated Date of Project Start Date Tuesday, April 1, 2025

Estimated Date of Project Completion Date Sunday, June 1, 2025

Project Details and Proposed Use

We are seeking funds to support the construction of wrought iron fencing to surround the perimeter of the Inn Style Resale Shop. Founded in 2005, this retail store is a vital earned revenue source for The Samaritan Inn—Collin County’s largest program for unhoused men, women, and children in North Texas. One hundred percent of donations and purchases at Inn Style directly support The Samaritan Inn’s housing programs and services, which include homelessness prevention services, urgent aid for community members in need, safe shelter and daily meals for unhoused people, and empowerment services to foster independence and stable housing.

Located near the intersection of Highways 5 and 380 (University Drive), the Inn Style Resale Shop is an eye-catching landmark along two of McKinney’s major gateways into the downtown cultural district. Its bold purple exterior—recently repainted to restore its vibrancy—invites shoppers to explore a broad array of affordable, well-curated household goods and clothing. The store also serves as an important community hub, where customers, donors, and volunteers come together to help alleviate homelessness through a shared spirit of giving and support.

In recent years, we have seen a significant increase in illegal dumping, loitering, and potential for criminal activities at our Inn Style property. This trend has caused concern for the safety of the community and the security and appearance of our property. It has also led to increased operational costs and burden for The Inn due to the added cost of trash disposal, staff time required to clean and maintain the property, potential loss of customers and revenue, and property damage. It has also added burden to local law enforcement by increasing time spent on investigations and citations and diverting resources from other critical priorities.

These concerns prompted discussions between The Inn and City of McKinney officials to determine solutions that would be mutually beneficial. As a result The Inn took steps to upgrade security cameras at Inn Style to deter illegal dumping and criminal activity. However, we have determined that additional security measures are necessary.

This retail development infrastructure project is a crucial cosmetic and security upgrade that will benefit both our organization as well as the larger community by:

1. Enhancing the safety of our store employees, volunteers, shoppers, and neighboring businesses,
2. Detering illegal dumping, theft, vandalism, and littering,
3. Reducing loitering, criminal activities, and burden on local law enforcement,
3. Improving the appearance of both the property and the immediate neighborhood, and
4. Boosting revenue that supports McKinney’s unhoused population as well as the city’s economy.

Days / Hours of Business Operation

The resale shop is open from 9am – 5pm, Tuesday through Saturday.

Has a request for grant funding been submitted to MCDC in the past five years?

What is the total cost for this Project? 19250

What percentage of Project funding will be provided by the applicant? 11

Are matching funds available?

Cash Matching Funds

Amount	Source	Percent of Total
2050	Samaritan Inn	11

In-Kind Matching Funds

Amount	Source	Percent of Total
6400	Ace Fence	33

Other Funding Sources

We have engaged the support of Ace Fence, one of our longest standing donors and supporters. They have offered to perform the proposed work without charging for labor costs associated with installation of the fencing. With their in-kind support estimated at \$6,400, and our matching funding of \$2,050 for permits and project management costs, the remaining cost is \$10,800 for fencing and gate materials (56% of the total budget).

We are asking McKinney Community Development Corporation to consider funding this remainder in full. This will help ensure that we can complete the project within our identified timeline and will assist us in partnering with the City of McKinney to reduce crime rates, improve property values, attract more visitors and customers to local businesses, and provide an overall safer environment. A grant award for this amount will also allow us to avoid using operational revenue that would otherwise be allocated to our programs and services for unhoused individuals.

Estimated Annual Taxable Sales 815000

Current Appraised Value of Property 430145


Estimated Appraised Value (post-improvement) 447345

Estimated Construction Cost for Total Project 19250

Total Estimated Cost for Exterior Infrastructure Improvements Not applicable

Total Grant Amount Requested 10800

Attach Competitive Bids for the Project

 Ace Fence Quote - 12-20-24.pdf

Has a feasibility study or market analysis been completed for this proposed project?

No

Attach Executive Summary

 Inn Style Fencing Project - Executive S... .pdf

Reminder: To save your progress in the form, you must scroll to the bottom of the form and select 'Save'. If you do not have a Jotform login, you will need to create one.

Financial Status of Applying Organization

Provide an overview of the organization's financial status, including the projected impact of the project(s) on the organization's mission and goals.

- Please attach your budget for the current year and audited financial statements for the preceding two years. If audited financials are not available, please indicate why and attach a copy of the 990 filed with the IRS.

Current financial report including current and previous year's profit & loss statement and balance sheet.



FY24 Balance Sheet.pdf



FY24 Profit & Loss Statement.pdf



FY25 Balance Sheet YTD.pdf



FY25 Profit & Loss Statement YTD.pdf

Audited financials for current and previous two years (if not available, please indicate why).



SamInn - FY2022 Audited Financial St... .pdf



SamInn - FY2023 Audited Financial St... .pdf

Reason for Unavailable Audited Financials



Reason for unavailable financial auditpdf

Budget



FY25 Organizational Budget.pdf



Project Budget.pdf

Financial Statements



FY25 Balance Sheet YTD_767.pdf



FY25 Profit & Loss Statement YTD_65... .pdf

W9



Samaritan Inn W9.pdf

IRS Determination Letter (if applicable)



SamInn - IRS Determination Letter_42... .pdf

990 Filed with IRS (if applicable)



SamInnInc & SamInnFoundationInc - F...pdf

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Additional Information

Business plan including mission and goals of company / organization, target customers, staff, growth goals, products / services, location(s), etc.



SamInn Strategic Plan Executive Sum... .pdf

Plat / map of property extending 200 feet beyond property in all directions (if applicable).



Property Map - 103 E University Dr Mc... .pdf

Describe planned support activities, their use, and admission fees (if applicable).



Planned Support Activities.pdf

Timeline and schedule from design to completion.



Project Timeline.pdf

Plans for future expansion / growth.



Retail Expansion Plans.pdf

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Acknowledgements

If funding is approved by the MCDC board of directors, applicant will assure:

- The Project for which financial assistance is sought will be administered by or under the supervision of the applying organization.
- All funds awarded will be used exclusively for the purpose described in this application.
- Applicant owns the land, building or facility where the proposed infrastructure improvements will be made. If the Applicant does not own the land, written acknowledgement / approval from the property owner must be included with the application. The letter must document the property owner

is aware of the proposed improvements and use of the property or building; and the property owner has reviewed the project plan and application, approves and supports the efforts of the Applicant.

- MCDC will be recognized as a funder of the Project. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement.
- Individual / company representative who has signed the application is authorized to submit the application.
- Applicant will comply with the [Grant Guidelines](#) in executing the Project for which funds were awarded.
- Funded projects must be completed within one year of the date the grant is approved by the MCDC board unless an exception is granted.
- Completed project must be inspected for code compliance.
- A signed Contractor's Sworn Statement and Waiver of Lien to Date form must be completed, notarized and provided to MCDC prior to receiving grant funds.
- Property owner will be responsible for maintaining the infrastructure improvements made with funding from Grant for ten (10) years.
- A final report detailing the successful completion of the Project will be provided to MCDC no later than 30 days following completion of the Project.
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses.
- Up to 20% of the grant funds awarded may be withheld **until a final report on completion of the Project is provided to MCDC.**
- A performance agreement will be required that may outline requirements for acknowledging MCDC funding support for the project. Additionally, it will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120th day after the date the MCDC notifies the applicant of the violation.

Applicant Electronic Signature

We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.

Selecting this option indicates your agreement with the above statement.

Representative Completing Application



Date

Friday, January 31, 2025

Property Owner



Date

Friday, January 31, 2025

Notes

- **Reminder:** To save your progress in the form, you must scroll to the bottom of the form and select 'Save'. If you do not have a Jotform login, you will need to create one.
- Incomplete applications or those received after the deadline will not be considered.

A final report must be provided to MCDL within 30 days of the completion of the Project.

- Final payment of funding awarded will be made upon receipt of final report.
- Please use the [Final Report](#) to report your results. A [PDF version](#) is also available.

INN STYLE RESALE SHOP

Fence Construction Project Executive Summary

Project Overview:

This retail development infrastructure project entails construction of new fencing around the perimeter of The Samaritan Inn's **Inn Style Resale Shop** located at 103 E. University Drive, McKinney, TX 75069. Founded in 2005, this retail store is a vital earned revenue source for The Samaritan Inn—Collin County's largest program for unhoused men, women, and children in North Texas. Located near the intersection of Highways 5 and 380 (University Drive), the Inn Style Resale Shop is an eye-catching landmark along two of McKinney's major gateways into the downtown cultural district. The store also serves as an important community hub, where customers, donors, and volunteers come together to help alleviate homelessness through a shared spirit of giving and support.

Problem Statement:

In recent years, we have seen a significant increase in illegal dumping, loitering, and potential for criminal activities at our Inn Style property. This trend has 1) caused safety concerns for our staff and the community, 2) increased operational costs and burden for The Inn and created potential loss of customers and revenue and property damage, and 3) increased local law enforcement time spent on investigations and citations. These concerns prompted discussions between The Inn and City of McKinney officials over the past several months to determine solutions that would be mutually beneficial. As a result The Inn took steps to upgrade security cameras at Inn Style to deter illegal dumping and criminal activity. However, we have determined that additional security measures are necessary.

Proposed Solution:

Our plan includes the construction of a sturdy, wrought iron fence and two gates at the Inn Style property. The fence will surround critical areas of the shop to provide added security for staff and customers, while the gates will allow easy access for shop vehicles as they enter and exit the premises.

This retail development infrastructure project is a crucial cosmetic and security upgrade that will benefit both our organization as well as the larger community by:

1. Enhancing the safety of our store employees, volunteers, shoppers, and neighboring businesses,
2. Detering illegal dumping, theft, vandalism, and littering,
3. Reducing loitering, criminal activities, and burden on local law enforcement,
3. Improving the appearance of both the property and the immediate neighborhood, and
4. Boosting revenue that supports McKinney's unhoused population as well as the city's economy.

Project Timeline and Funding:

We plan to commence construction of the fencing on April 1, 2025, and expect to complete the project by 6/1/2025. The total cost of the project is **\$19,250**.

We have secured the support of Ace Fence to perform the work with labor cost provided in-kind. The Inn will provide funds in the amount of \$2,050 to cover permits and project management expenses. We are asking the McKinney Community Development Corporation to award us a grant in the amount of \$10,800 to cover the remaining costs for fencing materials and supplies.

Retail Expansion Plan

The purpose of this expansion plan is to optimize revenue opportunities, grow our customer base, reduce operational costs, and increase annual sales.

Goal 1

Conduct an impact study with retail customers and develop a retail expansion recommendations report.

Target completion date: October 2024

Goal 2

Procure the parcel of land next to the resale shop and construct physical security barriers that will increase safety and help prevent illegal dumping, theft, and unauthorized access.

Target completion date: June 2025

Goal 3

Identify opportunities for resale of high-end items direct to high-end buyers.

Target completion date: September 2025

Goal 4

Implement a customer reward program to improve customer retention and spending.

Target completion date: September 2026

Goal 5

Establish an online sales channel that expands market reach, increases sales, reduces overhead costs, and strengthens brand presence.

Target completion date: September 2027

INN STYLE RESALE SHOP

Planned Support Activities

Our plan for sustaining this fencing project and the Inn Style Resale Shop as a whole includes the following:

1. We anticipate the expected life of the fencing to be 60 or more years, with performance of proper maintenance as advised by the manufacturer. We will include appropriate and reasonable maintenance costs for the new fence into our operating budget to ensure that we optimize its value and longevity. We will also engage the support of Ace Fence and community volunteers to secure in-kind support of maintenance/repair needs whenever possible.
2. The annual revenue of the shop consistently exceeds its operating expenses. All net proceeds go to our housing programs. We will continue to explore ways to grow our customer base and increase our sales volume to support ongoing operating expenses and address any unexpected expenses that arise.
3. We maintain a robust development plan that includes securing funds from multiple channels. These include individual contributors, corporations, private foundations, and other community groups. We will continue to seek funding from these avenues to support ongoing operating and maintenance costs related to the Inn Style Resale Shop, the new fencing, and other structural improvements.

INN STYLE RESALE SHOP

Fence Construction Project Timeline

TARGET DATE	ACTIVITY
January - October 2024	Conduct impact study and develop retail expansion recommendations
November 2024	Identify fence construction project scope and requirements
December 2024	Engage support of Ace Fence and obtain estimate for planned work
January 2025	Submit design plans to City of McKinney and apply for funding support
March 2025	Finalize/adjust plans as necessary and schedule work with Ace Fence
April 2025	Begin construction
May 2025	Complete project by end of the month

Fiscal Year 2024 Financial Audit

A financial audit for our 2024 fiscal year (Oct. 1, 2023 – Sept. 30, 2024) is not yet available. We are currently working with our third party auditor to complete our annual financial review. We expect to complete the audit by the end of March, after which we will submit a copy to the board of directors for approval. We can provide a copy of the completed audit to MCDC once it is completed and approved.



PROJECT BUDGET

Project Name: Inn Style Thrift Shop Fence Construction

Expense Category	Total Cost	MCDC Request	Other Funders	Agency Match
Materials				
Wrought iron railing (250 at \$28 each)	\$7,000	\$7,000		
Pressed point manual sliding gates (2 at \$1,900 each)	\$3,800	\$3,800		
Labor				
Fencing and gate installation*	\$6,400		\$6,400	
Permits				
Permit application and inspection fees	\$250			\$250
Other				
Project management costs**	\$1,800			\$1,800
TOTAL EXPENSES	\$19,250	\$10,800	\$6,400	\$2,050

* Ace Fencing will provide labor expense as in-kind donation.

** Project management costs represent 10% of direct costs to cover Samaritan Inn staff time allocated to project.



QUOTATION

www.acefences.com

DATE: 12-20-24
ESTIMATOR: Mitch
Home Phone:
Work Phone: 214-347-2419
Other:

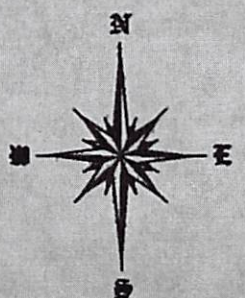
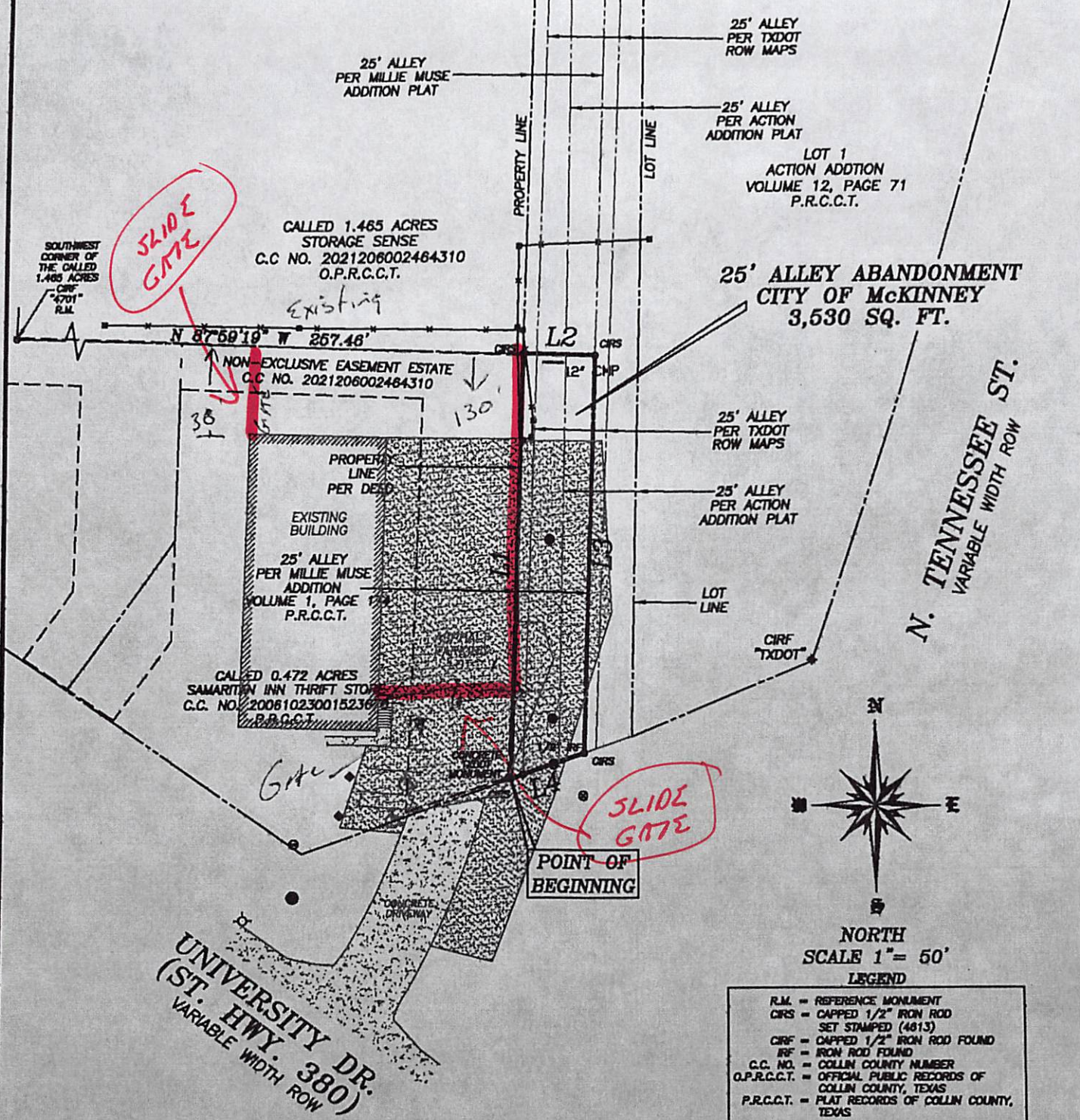
Name : Samaritan Inn Resale Store (Dennis & Kellie)
Address:
City: McKinney

Jobsite: Personal House

QUANTITY	SPECIFICATION	PRICE	AMOUNT
250	8' Pressed Point 3 Rail Black Wrought Iron	\$28.00	\$7,000.00
2	8' x 16' Pressed Point slide Gate Manuel	\$1,900.00	\$3,800.00
1	Permit (This is a holding spot, not sure what they will charge if any)	\$250.00	\$250.00
	No permit fees included		
	Final price based on actual field measurements		
	Does not include any core drill holes and rock holes, will be based on actual amount neede at install		
	Core Charge - \$55.00 per hole		
	Rock Charge - \$10.00 per hole	TOTAL ->	\$11,050.00

The basis of bearings, are derived from ALLTERRA CENTRAL RTK Network, Texas State Plane Coordinates System, Nad83, North Central Zone, Nad 83 (CORS96) Epoch 2002.0. Coordinates shown are not grid coordinates.

LINE	BEARING	DISTANCE
L1	N 01°37'29" E	148.03'
L2	S 87°59'19" E	25.00'
L3	S 01°37'28" W	136.41'
L4	S 70°55'31" W	28.73'



NORTH
SCALE 1" = 50'

LEGEND

R.M.	= REFERENCE MONUMENT
CIRS	= CAPPED 1/2" IRON ROD SET STAMPED (4813)
CIRF	= CAPPED 1/2" IRON ROD FOUND
IRF	= IRON ROD FOUND
C.C. NO.	= COLLIN COUNTY NUMBER
O.P.R.C.C.T.	= OFFICIAL PUBLIC RECORDS OF COLLIN COUNTY, TEXAS
P.R.C.C.T.	= PLAT RECORDS OF COLLIN COUNTY, TEXAS

SURDUKAN SURVEYING, INC.
 P.O. BOX 126
 ANNA, TEXAS 75409
 (972) 924-8200
 TEXAS FIRM NO. 10069500

EXHIBIT "A"
25' ALLEY ABANDONMENT
CITY OF MCKINNEY
3,530 SQUARE FEET
WILLIAM DAVIS SURVEY
ABSTRACT NO. 248
COLLIN COUNTY, TEXAS



The Samaritan Inn
HOPE FOR THE HOMELESS



STRATEGIC PLAN

EXECUTIVE SUMMARY

The purpose of the strategic plan is to support The Samaritan Inn in scaling to meet future needs so that it successfully fulfills its mission and achieves its vision, all while staying aligned with the organization’s mission, vision, and values.

Our Mission

We are a comprehensive housing program that supports individuals in realizing dignity and gaining independence.

Our Vision

A North Texas in which all people feel empowered to contribute to our shared society.

Our values bring hope for the homeless

H O P E

HEART is passion, compassion, empathy, and grace.

OPPORTUNITY is growth, progress, and a focus on impact.

PERSEVERANCE is persistence despite difficulty.

ENGAGEMENT exists when we are collectively connected to our values, purpose, people, and shared passion in such a way that allows us to consistently act on our mission.

The Samaritan Inn promises

Dignity in every relationship; reciprocity in spirit, treasure and resources; and a pathway to self-actualization for all our community collaborators, so that all North Texans feel empowered to contribute to our shared society. To achieve this, the organization will, over the next three years, prioritize increasing impact, resources, and engagement.





The Samaritan Inn
HOPE FOR THE HOMELESS

A Pathway to Self-Actualization

1. Increase Access



Increasing access to services is a critical element in meeting the mission of The Samaritan Inn, as it is important for unhoused North Texans who reach out to the organization to be able to access services when needed.

Objectives



1. FAMILY TRANSITIONAL HOUSING

Expand housing to increase services to unhoused families in North Texas.



2. THE PET INN

A threefold increase in housing for dogs and cats, increasing services for unhoused North Texans by up to 25%.



3. DIVERSION PROGRAM STRATEGY

Provide short term support with housing problem-solving services to divert individuals from entering shelter services.



4. YOUTH DIVERSION PROGRAM STRATEGY

Increase services for 5-24-year-old unhoused youth in North Texas.



5. PERMANENT SUPPORTIVE HOUSING

Provide unhoused North Texans affordable housing and supportive services.



6. FOOD ACCESS PROGRAM

Enhance the reach and impact of our food outreach program to better serve individuals and families experiencing food insecurity within the community.



The Samaritan Inn
HOPE FOR THE HOMELESS

2. Increase Resources

Aligning with our core value of opportunity, we will leverage existing assets to increase resources, and therefore, impact.

Objectives



1: RETAIL EXPANSION

Maximize revenue from Inn Style, ensure we are optimizing revenue opportunities.



2: DONOR SEGMENTATION

Support the development team in gaining line of sight into existing resource opportunities.



3: EXPAND CORPORATE RELATIONSHIPS

To support the development team in building sponsorship partnerships within the North Texas corporate community.



The Samaritan Inn
HOPE FOR THE HOMELESS

A Promise of Dignity in Every Relationship

3. Increase Engagement



Engagement exists when our employees and volunteers act with HOPE. This means they are involved in and enthusiastic about our mission and workplace culture. Increasing engagement is key in accomplishing our mission.

Objectives



1: RIGHT-SIZING COMPENSATION

Ensure we are able to attract and retain top talent.



2: MEASURE PROMISE OF DIGNITY

Ensure employees and volunteers experience our promise of dignity in every relationship.



3: IMPLEMENT MANAGING LEARNING & DEVELOPMENT

Upskill people leaders across the organization, ensuring they are prepared to scale for the future needs of unhoused North Texans.



4: DEVELOP AND DEPLOY COMMUNICATION PLAN

Designed to increase engagement with employees and volunteers.

The Samaritan Inn

2025 Board of Directors

Name	Board Position	Occupation/Affiliation
Darion Culbertson	President	Alliance Data Systems, Inc., Vice President of Sales
Bruno Cheron	Immediate Past President	Draco Enterprises, Founder & President
Ben Carter	Treasurer	Turtle Creek Wealth Advisors, Chief Compliance Officer
Rev. Dr. Ronald Henderson	Secretary	North Texas Conference of the United Methodist Church, Director of Racial Diversity, Equity, & Inclusion
Richard Grady	Member at Large	Blackmore Partners, Deal Partner
Joel Austin	Member at Large	Oncor, Senior Vice President & Chief Digital Officer
Larry Little	Member at Large	Ace Fence of DFW, President & Owner
Alvin Benton	Member at Large	Upstart, Lead Product Counsel, Auto Lending
Christi Nabors	Member at Large	DeliverFund, Vice President of Development & Revenue
Jeff Winton	Member at Large	Pariveda, Vice President, Dallas
Brad Bonin	Member at Large	Cisco, Vice President, Global Collaboration & Sales Engineering
Trellis Marr	Member at Large	Physician Service Group for Texas, Regional Director of Care Coordination
Allison Qin	Member at Large	Capital One, Head of Auto Refinance

The Samaritan Inn

Profit and Loss

October - December, 2024

	TOTAL
Income	
PROGRAM REVENUE	
GATEWAY PROGRAM REVENUE	42,539.34
INN STYLE REVENUE	189,131.85
Total PROGRAM REVENUE	231,671.19
SUPPORT REVENUE	
CONTRIBUTIONS	1,408,908.85
GRANTS	115,038.30
SPECIAL EVENTS INCOME	0.00
Total SUPPORT REVENUE	1,523,947.15
Total Income	\$1,755,618.34
GROSS PROFIT	\$1,755,618.34
Expenses	
EXPENSES	
EMPLOYEE BENEFITS & SALARIES	869,024.03
INDIVIDUAL & FML ASSISTANCE	33.00
INSURANCE EXPENSE	48,672.54
OCCUPANCY COSTS	95,802.99
OFFICE EXPENSE & SUPPLIES	18,417.49
OTHER OPERATING EXPENSE	25,862.65
PROFESSIONAL FEES	84,259.90
PROGRAM COSTS	35,314.83
SPECIAL EVENT EXPENSES	1,207.69
STAFF SUPPORT	39,917.95
TECHNOLOGY	51,909.79
TRANSPORTATION	6,176.62
Total EXPENSES	1,276,599.48
Total Expenses	\$1,276,599.48
NET OPERATING INCOME	\$479,018.86
Other Income	
IN KIND INCOME AND EXPENSE	
IN KIND EXPENSE	-704,609.32
IN-KIND INCOME	700,889.32
Total IN KIND INCOME AND EXPENSE	-3,720.00
OTHER INCOME	
8401 Gain on disposal of asset	1,400.00
INVESTMENT INCOME	11,567.36
Total OTHER INCOME	12,967.36
Total Other Income	\$9,247.36
Other Expenses	
OTHER EXPENSE	
7995 Depreciation	106,973.19

The Samaritan Inn

Profit and Loss

October - December, 2024

	TOTAL
Total OTHER EXPENSE	106,973.19
Total Other Expenses	\$106,973.19
NET OTHER INCOME	\$ -97,725.83
NET INCOME	\$381,293.03

UNAUDITED

The Samaritan Inn

Balance Sheet

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
INVESTMENT ACCOUNT	4,484,888.43
Merchant Feesant	0.63
MONEY MARKET ACCOUNTS	0.00
OPERATING ACCOUNTS	1,347,322.28
PETTY CASH	4,074.12
RESTRICTED CAPITAL CAMPAIGN	0.00
Total Bank Accounts	\$5,836,285.46
Accounts Receivable	\$ -3,148.33
Other Current Assets	\$365,469.18
Total Current Assets	\$6,198,606.31
Fixed Assets	
INN STYLE RESALE STORE	
150350 Inn Style Resale Land 103 E University Dr	71,961.00
170125 Inn Style Resale Vehicles	45,000.00
173100 Inn Style Resale Building Improvements 103 E University Dr	711,678.65
173120 Inn Style Resale Furniture & Equipment	13,719.86
180270 A/D Inn Style Resale Vehicles	-45,000.00
180280 A/D Inn Style Resale Furniture & Equipment	-13,772.00
180290 A/D Inn Style Resale 103 E University Dr	-421,344.01
Total INN STYLE RESALE STORE	362,243.50
NORTH TEXAS GATEWAY APTS 1723 N McDonald St	900,040.59
SAMARITAN INN	8,422,489.88
Total Fixed Assets	\$9,684,773.97
Other Assets	\$0.00
TOTAL ASSETS	\$15,883,380.28
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	\$ -7,829.74
Credit Cards	\$29,129.39
Other Current Liabilities	\$246,797.88
Total Current Liabilities	\$268,097.53
Long-Term Liabilities	
LONG TERM LIABILITIES	419,040.14
Total Long-Term Liabilities	\$419,040.14
Total Liabilities	\$687,137.67
Equity	\$15,196,242.61
TOTAL LIABILITIES AND EQUITY	\$15,883,380.28

The Samaritan Inn

Organization Operating Budget for Fiscal Year 2025

Oct. 1, 2024 - Sept. 30, 2025

INCOME

Cash Contributions

Individuals	1,794,630
Corporate	735,400
Grants	972,000
Fundraising Campaigns	640,000
Special Events	404,000
	4,546,030

Other Revenue

Inn Style Program (earned income)	922,966
Gateway Program (rental income)	170,657
In-Kind Donations*	2,998,708
	4,092,331

TOTAL INCOME 8,638,361

EXPENSE

Administration & Fundraising

Employee Salaries & Benefits	1,071,178
Professional Fees	223,286
Special Events	160,000
Staff Support	150,231
Other Operating Expense	69,973
Technology	49,777
Insurance	32,887
Occupancy Costs	19,399
Office Supplies & Expense	9,211
In-Kind Donations*	100,000
	1,885,941

Programs

INNspire (shelter & supportive services)	2,964,150
Gateway (reduced-rent housing & supportive services)	167,892
Front Door (diversion services & aid)	109,181
Inn Style (resale store)	611,486
In-Kind Donations*	2,898,708
	6,751,416

TOTAL EXPENSE 8,637,357

Net Income 1,003

* In-Kind income and expense represent the value of donated food, supplies, and professional services. Approximately 40% of in-kind donations support the INNspire, Gateway, and Inn Style programs; 3% supports our administration and fundraising operations. We share remaining in-kind food and supplies donations with local food pantries and relief agencies to combat food insecurity and optimize community access to resources.

The Samaritan Inn

Profit and Loss

October 2023 - September 2024

	TOTAL
Income	
PROGRAM REVENUE	
GATEWAY PROGRAM REVENUE	128,561.92
INN STYLE REVENUE	797,313.39
MISC. REVENUE	270.07
Total PROGRAM REVENUE	926,145.38
Sales	0.00
SUPPORT REVENUE	
CONTRIBUTIONS	2,854,129.77
GRANTS	930,662.10
SPECIAL EVENTS INCOME	858,238.19
Total SUPPORT REVENUE	4,643,030.06
Total Income	\$5,569,175.44
GROSS PROFIT	\$5,569,175.44
Expenses	
EXPENSES	
EMPLOYEE BENEFITS & SALARIES	3,819,678.38
INDIVIDUAL & FML ASSISTANCE	65,144.31
INSURANCE EXPENSE	156,749.92
OCCUPANCY COSTS	285,180.63
OFFICE EXPENSE & SUPPLIES	29,483.37
OTHER OPERATING EXPENSE	88,593.76
PROFESSIONAL FEES	331,558.79
PROGRAM COSTS	59,648.98
SPECIAL EVENT EXPENSES	239,709.72
STAFF SUPPORT	177,888.94
TECHNOLOGY	150,511.97
TRANSPORTATION	23,410.53
Total EXPENSES	5,427,559.30
Total Expenses	\$5,427,559.30
NET OPERATING INCOME	\$141,616.14
Other Income	
IN KIND INCOME AND EXPENSE	
IN KIND EXPENSE	-2,477,189.71
IN-KIND INCOME	2,467,774.60
Total IN KIND INCOME AND EXPENSE	-9,415.11
OTHER INCOME	
8100 Miscellaneous Income	16.94
INVESTMENT INCOME	691,452.20
Total OTHER INCOME	691,469.14
Total Other Income	\$682,054.03
Other Expenses	
OTHER EXPENSE	449,137.24

The Samaritan Inn

Profit and Loss

October 2023 - September 2024

	TOTAL
Total Other Expenses	\$449,137.24
NET OTHER INCOME	\$232,916.79
NET INCOME	\$374,532.93

UNAUDITED

The Samaritan Inn

Balance Sheet

As of September 30, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
INVESTMENT ACCOUNT	4,481,784.53
MONEY MARKET ACCOUNTS	9.88
OPERATING ACCOUNTS	1,407,648.53
PETTY CASH	17,008.82
RESTRICTED CAPITAL CAMPAIGN	
113500 Capital One-SI Foundation 3370	0.00
Total RESTRICTED CAPITAL CAMPAIGN	0.00
Total Bank Accounts	\$5,906,451.76
Accounts Receivable	\$ -4,745.22
Other Current Assets	\$300,824.43
Total Current Assets	\$6,202,530.97
Fixed Assets	
INN STYLE RESALE STORE	
150350 Inn Style Resale Land 103 E University Dr	71,961.00
170125 Inn Style Resale Vehicles	45,000.00
173100 Inn Style Resale Building Improvements 103 E University Dr	699,488.65
173120 Inn Style Resale Furniture & Equipment	13,719.86
180270 A/D Inn Style Resale Vehicles	-45,000.00
180280 A/D Inn Style Resale Furniture & Equipment	-13,719.86
180290 A/D Inn Style Resale 103 E University Dr	-414,280.48
Total INN STYLE RESALE STORE	357,169.17
NORTH TEXAS GATEWAY APTS 1723 F. McDonald St	913,994.73
SAMARITAN INN	8,393,802.90
Total Fixed Assets	\$9,664,966.80
Other Assets	\$0.00
TOTAL ASSETS	\$15,867,497.77
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	\$124,526.10
Credit Cards	\$29,539.68
Other Current Liabilities	\$474,412.29
Total Current Liabilities	\$628,478.07
Long-Term Liabilities	
LONG TERM LIABILITIES	424,070.12
Total Long-Term Liabilities	\$424,070.12
Total Liabilities	\$1,052,548.19
Equity	\$14,814,949.58
TOTAL LIABILITIES AND EQUITY	\$15,867,497.77

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Samaritan Inn, Inc.</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>The Samaritan Inn</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) Exempt under section 501 (C)(3) of IRS code</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>1725 N. McDonald St</p> <p>6 City, state, and ZIP code</p> <p>McKinney, TX 75071</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
OR										
Employer identification number										
7	5	-	1	9	8	4	2	8	5	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 3/12/24
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to allow a disregarded entity to complete this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Samaritan Inn, Inc. and Affiliate

**Combined Financial Statements
September 30, 2023**



Samaritan Inn, Inc. and Affiliate

Contents

Independent Auditors' Report	1
Combined Financial Statements:	
Combined Statement of Financial Position	4
Combined Statement of Activities	5
Combined Statement of Functional Expenses	6
Combined Statement of Cash Flows	7
Notes to Combined Financial Statements	8



Independent Auditors' Report

To the Board of Directors of
Samaritan Inn, Inc. and Affiliate

Opinion

We have audited the accompanying combined financial statements of Samaritan Inn, Inc. and Affiliate (a nonprofit organization) (collectively, the Organization), which comprise the combined statement of financial position as of September 30, 2023, and the related combined statements of activities, functional expenses and cash flows for the year then ended and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of the Organization as of September 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 2 to the combined financial statements, the Organization changed its methods of accounting for its leases effective October 1, 2022 as required by the provisions of the Financial Accounting Standards Board Accounting Standard Update 2016-02, *Leases*. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the combined financial statements are available to be issued.

Auditors' Responsibilities for the Audit of Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control related matters that we identified during the audit.

A handwritten signature in cursive script that reads "Sutton Frost Lang".

A Limited Liability Partnership

Arlington, Texas
April 23, 2024

Samaritan Inn, Inc. and Affiliate
Combined Statement of Financial Position
September 30, 2023

Assets

Current assets:

Cash and cash equivalents	\$ 1,577,900
Pledges receivable	54,000
Other receivables	41,864
Grants receivable	18,188
Prepaid expenses	40,223
Gift cards for residential use	21,315

Total current assets	1,753,490
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Investments	3,786,614
Right-of-use assets - finance leases, net	13,134
Property and equipment, net	9,774,357

Total assets	\$ 15,327,595
---------------------	----------------------

Liabilities and Net Assets

Current liabilities:

Accounts payable	\$ 38,720
Accrued liabilities	352,669
Notes payable, current	19,346
Deferred revenue	3,604
Other current liabilities	15,600
Right-of-use liabilities - finance leases, current	8,664

Total current liabilities	438,603
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Notes payable, net	444,105
Right-of-use liabilities - finance leases, net	4,470

Total liabilities	887,178
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Net assets:

Without donor restrictions	14,330,718
With donor restrictions	109,699

Total net assets	14,440,417
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Total liabilities and net assets	\$ 15,327,595
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Samaritan Inn, Inc. and Affiliate
Combined Statement of Activities
Year Ended September 30, 2023

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue:			
Contributions of cash and financial assets	\$ 3,093,597	\$ 127,189	\$ 3,220,786
Contributions of nonfinancial assets	2,918,303	-	2,918,303
Thrift store sales	668,611	-	668,611
Investment income, net	348,516	-	348,516
Special events, net of direct donor benefit costs of \$116,243	518,529	-	518,529
Rent and utilities	114,415	-	114,415
Net assets released from restrictions	204,030	(204,030)	-
Total support and revenue	7,866,001	(76,841)	7,789,160
Expenses:			
Program	6,787,653	-	6,787,653
General and management	753,761	-	753,761
Fundraising	766,540	-	766,540
Total expenses	8,307,954	-	8,307,954
Change in net assets from operations	(441,953)	(76,841)	(518,794)
Non-operating activity:			
Loss from involuntary conversion	(1,418)	-	(1,418)
Gain from disposal of property and equipment	270,881	-	270,881
Total non-operating activity	269,463	-	269,463
Change in net assets	(172,490)	(76,841)	(249,331)
Net assets at beginning of year	14,503,208	186,540	14,689,748
Net assets at end of year	\$ 14,330,718	\$ 109,699	\$ 14,440,417

See notes to combined financial statements.

Samaritan Inn, Inc. and Affiliate
Combined Statement of Functional Expenses
Year Ended September 30, 2023

	Program				Support		
	North Texas			Total Program Services	General and Management		Total
	Shelter	Gateway Apartments	Thrift Store		Fundraising		
Salaries and wages	\$ 1,864,595	\$ 74,669	\$ 414,623	\$ 2,353,887	\$ 125,627	\$ 529,397	\$ 3,008,911
Employee benefits	217,471	8,709	48,358	274,538	14,652	61,744	350,934
Individual and family assistance	127,954	-	-	127,954	-	-	127,954
Insurance	103,908	45,991	11,924	161,823	6,814	1,703	170,340
Professional fees and contract labor	6,632	1,101	34,725	42,458	501,519	40,026	584,003
Occupancy and utilities	197,660	87,488	22,682	307,830	12,961	3,240	324,031
Office expenses and supplies	22,097	9,780	2,536	34,413	1,449	362	36,224
Program transportation	25,560	-	-	25,560	-	-	25,560
Computer hosting	93,574	3,747	20,808	118,129	6,305	26,568	151,002
Bank and merchant fees	83	333	14,220	14,636	6,872	11,861	33,369
Donated apartment maintenance and repairs	-	63,771	-	63,771	-	-	63,771
Donated professional services	46,168	-	861	47,029	5,134	2,500	54,663
Donated food and shelter supplies	2,765,441	-	-	2,765,441	-	-	2,765,441
Donated other	5,447	-	-	5,447	-	-	5,447
Miscellaneous and other expenses	26,543	69	4,533	31,145	55,671	35,055	121,871
Depreciation	255,547	113,111	29,325	397,983	16,757	4,189	418,929
Interest	15,609	-	-	15,609	-	-	15,609
Event activities and production	-	-	-	-	-	166,138	166,138
Total expenses by function	5,774,289	408,769	604,595	6,787,653	753,761	882,783	8,424,197
Less expenses included with revenues on the combined statement of activities - Direct costs of special events	-	-	-	-	-	(116,243)	(116,243)
Total expenses included in the expense section of the combined statement of activities	\$ 5,774,289	\$ 408,769	\$ 604,595	\$ 6,787,653	\$ 753,761	\$ 766,540	\$ 8,307,954

See notes to combined financial statements.

Samaritan Inn, Inc. and Affiliate
Combined Statement of Cash Flows
Year Ended September 30, 2023

Cash flows from operating activities:	
Change in net assets	\$ (249,331)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	418,929
Donation of property and equipment	(2,840)
Amortization of right-of-use asset - finance leases	9,844
Net unrealized and realized gains on investments	(201,841)
Gain from disposal of property and equipment	(270,881)
Loss from involuntary conversion	1,418
Changes in assets and liabilities:	
Pledges receivable	(29,000)
Other receivables	(40,588)
Grants receivable	10,436
Government grant receivable	526,723
Prepaid expenses	28,395
Gift cards for residential use	(7,338)
Accounts payable	5,210
Accrued liabilities	97,212
Deferred revenue	(30,400)
Other current liabilities	1,301
	<hr/>
Net cash provided by operating activities	267,249
Cash flows from investing activities:	
Purchases of investments	(182,350)
Proceeds from sales of investments	25,688
Purchases of property and equipment	(126,825)
Proceeds from disposal of property and equipment	290,000
Proceeds from involuntary conversion	143,930
	<hr/>
Net cash provided by investing activities	150,443
Cash flows from financing activities:	
Payments on notes payable	(22,982)
Principal payments on finance leases	(9,845)
	<hr/>
Net cash used by financing activities	(32,827)
	<hr/>
Net change in cash and cash equivalents	384,865
Cash and cash equivalents at beginning of year	1,193,035
	<hr/>
Cash and cash equivalents at end of year	\$ 1,577,900
	<hr/>
Supplemental disclosure of cash flow information:	
Cash paid for interest	\$ 16,183
	<hr/>
Right-of-use assets obtained in exchange for finance lease liabilities	\$ 22,897
	<hr/>
Supplemental schedule of noncash investing activities:	
Donation of property and equipment	\$ 2,840
	<hr/>

See notes to combined financial statements.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

1. Organization

Samaritan Inn, Inc. (Samaritan Inn) is located in McKinney, Texas and is a nonprofit organization that is classified by the Internal Revenue Service (IRS) as tax-exempt under Section 501(c)(3) of the Internal Revenue Code (Code). Samaritan Inn was chartered on July 23, 1984 to provide transitional refuge for individuals and families experiencing homelessness. These people, who are in a crisis, are primarily from Collin and Dallas counties, desire self-sufficiency and require temporary shelter.

The Samaritan Inn Foundation Inc. (Foundation) is a nonprofit organization that is classified by the IRS as tax-exempt under Section 501(c)(3) of the Code and was established to provide resources for Samaritan Inn.

The North Texas Gateway Apartments were officially opened on May 1, 2008 to graduates of Samaritan Inn. The apartments were established to allow formerly homeless people reduced-rent housing while they transition into mainstream housing. The North Texas Gateway Apartments are part of the operations of Samaritan Inn and reported as a separate program in the accompanying combined financial statements.

The board of directors for Samaritan Inn and the Foundation are under common control.

Samaritan Inn and the Foundation are collectively referred to herein as the Organization. The Organization is supported primarily by contributions from individuals, corporations, granting agencies, local churches, service clubs, newsletter recipients, donated goods and services and fundraising events. Major revenue sources include rents collected from the operation of the North Texas Gateway Apartments and sales of recycled clothing and house wares in a thrift store.

2. Summary of Significant Accounting Policies

The accounting policies of the Organization conform to accounting principles generally accepted in the United States of America (GAAP). The more significant accounting policies of the Organization are described below.

Combined Financial Statements

In accordance with the provisions of Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 958-810 Not-for-Profit Entities/Consolidations, the financial statements of Samaritan Inn and the Foundation have been combined and all inter-organization transactions and accounts have been eliminated.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Basis of Accounting and Combined Financial Statement Presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Net assets without donor restrictions - Net assets not subject to donor-imposed stipulations. Net assets without donor restrictions may be designated for specific purposes by action of the board of directors.

Net assets with donor restrictions - Net assets subject to donor stipulations that will be met by actions of the Organization and/or the passage of time.

Some net assets with donor restrictions include a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the Organization to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a board of directors approved spending policy. As of September 30, 2023, no such net asset restrictions existed.

Revenues are reported as increases in net assets without donor restrictions, unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses are reported as increases or decreases in net assets without donor restrictions, unless their use is restricted by explicit donor stipulation or by law. Expirations of net assets with donor restrictions (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. Contributions with donor-imposed restrictions that are met in the same year as the contributions were received are reported as net assets without donor restrictions. Donor restrictions on contributions of property and equipment or contributions restricted for the purchase or construction of property expire when the assets are placed in service unless the donor stipulated otherwise.

Financial Instruments and Credit Risk Concentrations

Financial instruments, which are potentially subject to concentrations of credit risk, consist principally of cash and cash equivalents, pledges receivable, accounts receivable, grants receivable and investments in marketable securities. Cash and cash equivalents are placed with high credit quality financial institutions to minimize risk. The cash balances maintained by the Organization at times may exceed federally insured limits. The Organization has not incurred any losses in these accounts and does not believe that they are exposed to any significant credit risk on cash and cash equivalents. At September 30, 2023, the Organization had uninsured bank balances totaling \$944,992.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Pledges and grants receivable are unsecured and are due from donors, other nonprofit organizations, and government entities. Accounts receivable are unsecured and are primarily due from tenants in the North Texas Gateway Apartments. The Organization continually evaluates the collectability of pledges, accounts and grants receivable and maintains allowances for potential losses, if considered necessary. No allowance has been recorded for accounts, pledges or grants receivable as of September 30, 2023. Marketable securities are subject to various risks, such as interest rate, credit and overall market volatility risks.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and highly liquid investments with a maturity of three months or less when purchased. Cash and cash equivalents designated for long-term purposes or received with donor-imposed restrictions limiting their use to long-term purposes are not considered cash and cash equivalents for purposes of the combined statement of cash flows. The Organization classifies cash, certificates of deposit and money market accounts held by external investment managers as investments as these funds are not readily available for operations.

Inventory

Samaritan Inn's inventory consists of purchased and donated perishable and non-perishable food items, toiletries, linens and other supplies required for the operation of a homeless shelter. Inventory of the Thrift Store consists of recycled clothing and housewares obtained through charitable donations. These items are distributed to clients free of charge or are sold at bargain prices. Samaritan Inn's inventory balance at September 30, 2023 is immaterial and not recorded on the combined statement of financial position. Due to the nature of the Thrift Store's donated inventory, the value is uncertain and, therefore, is not recognized in the combined financial statements until sold.

Investments

At September 30, 2023, the Organization's investments in marketable securities consist of money market funds, mutual funds, exchange traded funds, certificates of deposit, corporate bonds and cash equivalents and are stated at fair value in the combined statement of financial position. Interest, dividends and realized and unrealized gains and losses are reported in the combined statement of activities as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations or by law.

Property and Equipment

Property and equipment purchased by the Organization are recorded at cost or if acquired by gift, fair market value at the date of the gift. The fair value of donated fixed assets is capitalized. Depreciation is calculated using the straight-line method based upon the estimated useful lives of 5 to 30 years for buildings and improvements and 5 to 10 years for vehicles, furniture and equipment.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Impairment of Long-Lived Assets

Management of the Organization periodically reviews the carrying value of its long-lived assets, including property and equipment, whenever events or changes in circumstances indicate that the carrying value may not be recoverable. An impairment loss is recognized to the extent fair value of a long-lived asset is less than the carrying amount. Fair value is determined based on the estimated future cash inflows attributable to the asset less estimated future cash outflows.

Revenue Recognition

Contributions are generally recorded only upon receipt, unless evidence of an unconditional promise to give has been received. Unconditional promises to give (pledges receivable) that are expected to be collected in future years are recorded at the present value of the amounts expected to be collected. All contributions are considered available for unrestricted use unless specifically restricted by the donor.

Conditional promises to give, those with a measurable performance or other barrier and a right of return, are not recognized until the conditions on which they depend have been met. Amounts received prior to meeting measurable performance or other barriers are reported as refundable advances.

Donated materials, food, supplies and property and equipment are reflected as contributions at their estimated fair values at date of receipt. The Organization recognizes contribution revenue for certain services received at the fair value of those services, provided those services create or enhance non-financial assets or require specialized skills which are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Special event revenue is recognized at the time of the event. Income from rent and utilities is recognized in the period to which they relate. Thrift store revenue is recognized at the time of sale.

Federal Income Taxes

Samaritan Inn and the Foundation are recognized by the IRS as exempt from federal income tax under section 501(c)(3) of the Code and are not private foundations as defined in the Code. Income generated from activities unrelated to the Organization's exempt purpose is subject to tax under Code Section 511. The Organization did not have a material unrelated business income tax liability as of September 30, 2023. Therefore, no tax provision or liability has been reported in the accompanying combined financial statements. The Organization had no significant uncertain tax positions for the year ended September 30, 2023.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Allocation of Functional Expenses

The costs of providing the various program services and supporting activities have been summarized on a functional basis in the combined statement of activities. Costs are allocated between program services and support services based on management's judgment considering space used, time spent or direct relation to the program or support service benefited.

Estimates and Assumptions

The preparation of combined financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimated.

Accounting Pronouncement Adopted

The Organization adopted Accounting Standards Update (ASU) 2016-02, *Leases* (Topic 842). The guidance in the ASU supersedes the current leasing guidance. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the combined statement of financial position for all leases with terms longer than 12 months. Leases are classified as either finance or operating, with classification affecting the pattern of recognition in the combined statement of activities. The ASU also required expanded disclosures related to the amount, timing and uncertainty of cash flows arising from leases. Samaritan Inn elected to adopt the transition relief provisions from ASU 2016-02 and recorded the impact of adoption as of October 1, 2022, using the modified retrospective method resulting in recording right-of-use (ROU) assets and ROU liabilities totaling \$22,897. No changes were required to net assets as of October 1, 2022.

3. Investments

Under the Fair Value Measurements and Disclosures topic of the Codification, ASC 820, disclosures are required about how fair value is determined for assets and liabilities and a hierarchy for which these assets and liabilities must be grouped is established, based on significant levels of inputs as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date; |
| Level 2 | Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; |

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

Level 3 Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates or assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Money Market Funds, Certificates of Deposit and Cash Equivalents

These investments are valued using \$1 for the net asset value (NAV).

Mutual Funds/Exchange Traded Funds

These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

Corporate Bonds

Corporate bonds are valued at the closing price reported in the active market in which the bond was traded on the combined financial statement date.

Below are the Organization’s financial instruments at fair value as of September 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Money market funds and cash equivalents	\$ 12,560	\$ -	\$ -	\$ 12,560
Exchange traded funds	840,864	-	-	840,864
Mutual funds	2,000,327	-	-	2,000,327
Corporate bonds	-	349,731	-	349,731
Certificates of Deposit	583,132	-	-	583,132
	<u>\$ 3,436,883</u>	<u>\$ 349,731</u>	<u>\$ -</u>	<u>\$ 3,786,614</u>

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

Net investment income for the year ended September 30, 2023 consists of the following:

Interest and dividends	\$ 172,815
Unrealized gain on investments	201,841
Investment fees	<u>(26,854)</u>
	<u>\$ 347,802</u>

4. Property and Equipment

Property and equipment consist of the following at September 30, 2023:

Land and improvements	\$ 1,240,978
Buildings and improvements	11,208,369
Furniture and equipment	256,856
Vehicles	<u>199,009</u>
	12,905,212
Accumulated depreciation	<u>(3,130,855)</u>
	<u>\$ 9,774,357</u>

Depreciation expense totaled \$418,929 for the year ended September 30, 2023.

5. Leases

In evaluating its contracts, the Organization separately identifies lease and nonlease components, such as property tax and other maintenance costs, in calculating the ROU assets and lease liabilities for its equipment. The Organization has elected the practical expedient to not separate lease and nonlease components and classifies the contract as a lease if consideration in the contract allocated to the lease component is greater than the consideration allocated to the nonlease component.

Leases result in the recognition of ROU assets and lease liabilities on the combined statement of financial position. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent and lease incentives. The Organization uses the implicit rate when readily determinable. As most of the leases do not provide an implicit rate, the Organization uses the incremental borrowing rate or the risk-free rate derived from the interest paid on short-term government debt to determine the present value of lease payments.

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term. The Organization has elected not to record leases with an initial term of 12 months or less on the combined statement of financial position.

Nature of Leases

The Organization has entered into finance lease arrangements for equipment. The finance lease arrangements require the Organization to pay all executory costs (taxes, maintenance and insurance) and expire at various times through 2025. Termination of the leases is generally prohibited unless there is a violation under the lease agreements.

Future minimum lease payments and a reconciliation to the combined statement of financial position at September 30, 2023 are as follows for the years ending September 30:

2024	\$ 8,927
2025	<u>4,663</u>
Total future undiscounted lease payments	13,590
Less present value discount	<u>(456)</u>
Lease liabilities	<u>\$ 13,134</u>

The following is the lease cost and other required information for each lease for the year ended September 30, 2023:

Total lease cost	<u>\$ 10,207</u>
Other information:	
Cash paid for amounts included in the measurement of lease liabilities:	
Financing cash flows from finance lease	<u>\$ (9,845)</u>
Right-of-use asset obtained in exchange for new lease liabilities	<u>\$ 22,897</u>
Weighted-average remaining lease term	<u>1.58 Years</u>
Weighted-average discount rate	<u>3.25%</u>

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

6. Notes Payable

Effective March 20, 2019, the Samaritan Inn entered into a note payable with a bank for \$3,500,000 to refinance the loan for construction of a new shelter. On April 24, 2021, the Samaritan Inn refinanced this note payable into another note payable in the amount of \$3,020,598 with a different bank. This note is payable in monthly installments of \$2,863 including interest at a rate of 3.25% and is due on May 21, 2032. The note is collateralized by the Samaritan Inn's new shelter. As of September 30, 2023, \$463,451 was due under this note.

Maturities of long-term debt are as follows for the years ending September 30:

2024	\$	19,346
2025		20,035
2026		20,705
2027		21,398
2028		22,079
Thereafter		<u>359,888</u>
	\$	<u><u>463,451</u></u>

7. Net Assets with Donor Restrictions

As of September 30, 2023, net assets with donor restrictions consist of amounts restricted for the following:

Time restricted	\$	77,189
Camps and activities for children		17,510
Shelter facility construction		<u>15,000</u>
	\$	<u><u>109,699</u></u>

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

8. Contributions of Nonfinancial Assets

The Organization received the following contribution of nonfinancial assets during the year ended September 30, 2023:

	Program Services	Management and General	Fundraising	Assets	Total
Food granted to other organizations	\$ 1,703,652	\$ -	\$ -	\$ -	\$ 1,703,652
Food utilized by Samaritan Inn	629,270	-	-	-	629,270
Shelter supplies utilized by Samaritan Inn	221,860	-	-	-	221,860
Shelter supplies granted to other organizations	210,659	-	-	-	210,659
Professional services	47,029	31,274	2,500	-	80,803
Apartment furnishings	63,771	-	-	-	63,771
Automobiles	-	-	-	2,840	2,840
Miscellaneous	5,448	-	-	-	5,448
	<u>\$ 2,881,689</u>	<u>\$ 31,274</u>	<u>\$ 2,500</u>	<u>\$ 2,840</u>	<u>\$ 2,918,303</u>

For the year ended September 30, 2023, the Organization did not monetize, nor does there exist any donor-imposed restrictions, on the contributed nonfinancial assets referenced above.

Donated Samaritan Inn Shelter and Other Organizations Food

The Organization networks with North Texas Food Bank to receive large shipments of contributed food. The donated food supports the Organization’s Mass Food Program. The food is initially separated and weighed by usable versus non-usable (trash) food. These donations are later allocated between food utilized by the Organization versus food granted to other organizations. The total monthly weight is recorded and valued at \$1.57 per pound. This figure is provided by the Feeding America Product Valuation Methodology Survey.

Donated Samaritan Inn Shelter and Other Organizations Supplies

The Organization receives large shipments of contributed shelter supplies. These supplies support the programmatic needs of the Organization. In addition, the Organization grants surplus supplies to other organizations. The donated supplies are allocated between supplies utilized by the Organization versus supplies granted to other organizations. The valuation methodology for these supplies includes calculating the estimate fair value based upon an average cost comparison of three suppliers. This valuation methodology is updated on an as needed basis to reflect material changes in inflation.

Professional Services

The Organization receives donated services including shredding, extermination, chiropractic, haircutting, bicycle repair, dental, veterinary, landscaping, and investment management fees. These services support the overall programmatic needs of the Organization. The professional services valuation methodology is recorded at an estimated fair-market-value.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization with specific assistance programs, campaign solicitations, and various committee assignments. These amounts are not reflected in the figure above as these types of services do not meet the criteria for recognition.

Apartment Furnishings

These donations support the Organization's Gateway Apartments program. The Gateway Apartments vary between 1 or 2 bedrooms in size. The apartment furnishings are gifted to every new resident at time of move-in and are available to remain in the resident's possession at move-out. When a new resident occupies a unit, The Organization assigns a donor to furnish the bedroom(s), living room, kitchen, and bathroom. An adopter checklist is provided which includes the apartment number and date of move-in along with suggestions for furniture items and bathroom, kitchen, cleaning/hygiene, décor, and food starter kits. A value is assigned to each item on the adopter checklist. The value of items on the checklist is created by calculating an average cost comparison between three suppliers. The adopter checklist also provides blank lines should donors decide to provide items in addition to the checklist suggestions. At the time of move-in, the Organization's staff performs a walk-through of the unit recording the donated apartment furnishings on the adopter checklist. The checklist is then signed and dated by the Organization's employee and saved internally for accounting purposes.

Automobiles

During year end September 30, 2023, the Organization received a donated 2007 Honda Odyssey which supports all programmatic needs of the Organization. Utilization of the automobile includes, but is not limited to, food and shelter supplies pick up and hauling of heavy equipment, furniture, and event supplies providing essential functions of the Organization. Valuation methodology includes an online quote comparison averaging the MSRP provided by Kelly Blue Book for three different used 2007 Honda Odysseys.

The estimated fair market value of these donations is reflected as contributions of nonfinancial assets in the accompanying combined statement of activities.

9. Rent and Utilities Revenue

The Organization owns the North Texas Gateway Apartments that provide housing for a certain number of its clients in transitional housing. Tenants in the North Texas Gateway Apartments are responsible for rent payments that equal 30% of the tenant's income and utilities payments, and tenants may stay in the apartment for a maximum of 18 months from the move-in date. Tenants are evaluated every 6 months to ensure they are in compliance with program requirements. Rental revenue for the year ended September 30, 2023 totaled \$84,909. Utilities revenue for the year ended September 30, 2023 totaled \$28,218.

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

10. Related Party Transactions

During the year ended September 30, 2023, the Organization received donations from board members and related companies totaling \$559,005.

11. Involuntary Conversion

In March 2023, the Organization's buildings suffered extensive hail damage. Insurance covered the damage that resulted in a loss on involuntary conversion of assets totaling \$1,418 reported in the accompanying combined statement of activities.

12. Liquidity and Availability of Resources

The Organization's financial assets available within one year of the combined statement of financial position date for general expenditures are as follows:

Cash and cash equivalents	\$ 1,577,900
Pledges receivable	54,000
Other receivables	41,864
Grants receivable	18,188
Investments	<u>3,786,614</u>
Total financial assets	5,478,566
Less amounts not available for general expenditures within one year:	
Donor restricted for camps and activities for children	17,510
Donor restricted for shelter facility construction	<u>15,000</u>
Total financial assets not available for general expenditures within one year	<u>32,510</u>
Total financial assets available to meet cash needs for general expenditures within one year	<u><u>\$ 5,446,056</u></u>

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To achieve this, the Organization forecasts its future cash flows and monitors its liquidity monthly. In addition, the Organization invests cash in excess of daily requirements in short-term investments. During the year ended September 30, 2023, the level of liquidity was managed within the Organization's expectations.

13. Subsequent Events

The Organization evaluated subsequent events through April 23, 2024, the date the combined financial statements were available to be issued, and concluded that no additional disclosures are required.



Samaritan Inn, Inc. and Affiliate

**Combined Financial Statements
September 30, 2022**

Samaritan Inn, Inc. and Affiliate

Contents

Independent Auditors' Report	1
Combined Financial Statements:	
Combined Statement of Financial Position	4
Combined Statement of Activities	5
Combined Statement of Functional Expenses	6
Combined Statement of Cash Flows	7
Notes to Combined Financial Statements	8



Independent Auditors' Report

To the Board of Directors of
Samaritan Inn, Inc. and Affiliate

Opinion

We have audited the accompanying combined financial statements of Samaritan Inn, Inc. and Affiliate (a nonprofit organization), which comprise the combined statement of financial position as of September 30, 2022, and the related combined statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Samaritan Inn, Inc. and Affiliate as of September 30, 2022, and the changes in their net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of Samaritan Inn, Inc. and Affiliate and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Samaritan Inn, Inc. and Affiliate's ability to continue as a going concern within one year after the date that the combined financial statements are available to be issued.

Auditors' Responsibilities for the Audit of Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Samaritan Inn, Inc. and Affiliate's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Samaritan Inn, Inc. and Affiliate's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control related matters that we identified during the audit.

Sutton Frost Cary

A Limited Liability Partnership

Arlington, Texas
March 28, 2023

Samaritan Inn, Inc. and Affiliate
Combined Statement of Financial Position
September 30, 2022

Assets

Current assets:

Cash and cash equivalents	\$ 1,193,035
Pledges receivable	25,000
Accounts receivable	1,276
Government grant receivable	526,723
Grants receivable	28,624
Prepaid expenses	68,618
Gift cards for residential use	13,977

Total current assets	1,857,253
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Investments	3,428,111
Property and equipment, net	10,228,087

Total assets	\$ 15,513,451
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Liabilities and Net Assets

Current liabilities:

Accounts payable	\$ 33,510
Accrued liabilities	255,457
Current maturities of notes payable	22,998
Deferred revenue	34,004
Other current liabilities	14,299

Total current liabilities	360,268
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Notes payable, less current maturities	463,435
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Total liabilities	823,703
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Net assets:

Without donor restrictions	14,503,208
With donor restrictions	186,540

Total net assets	14,689,748
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Total liabilities and net assets	\$ 15,513,451
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Samaritan Inn, Inc. and Affiliate
Combined Statement of Activities
Year Ended September 30, 2022

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Support and revenue:			
Contributions of cash and financial assets	\$ 3,267,643	\$ 143,624	\$ 3,411,267
Contributions of nonfinancial assets	3,184,821	-	3,184,821
Government grant	526,723	-	526,723
Thrift store sales	607,116	-	607,116
Investment loss, net	(533,188)	-	(533,188)
Special events, net of direct donor benefit costs of \$38,958	633,247	-	633,247
Rent and utilities	119,055	-	119,055
Other income	2,379	-	2,379
Net assets released from restrictions	<u>120,130</u>	<u>(120,130)</u>	<u>-</u>
Total support and revenue	7,927,926	23,494	7,951,420
Expenses:			
Program	6,651,688	-	6,651,688
General and management	663,593	-	663,593
Fundraising	<u>499,473</u>	<u>-</u>	<u>499,473</u>
Total expenses	7,814,754	-	7,814,754
Change in net assets from operations	113,172	23,494	136,666
Non-operating activity:			
Gain from disposal of property and equipment	<u>1,500</u>	<u>-</u>	<u>1,500</u>
Change in net assets	114,672	23,494	138,166
Net assets at beginning of year	14,388,536	163,046	14,551,582
Net assets at end of year	<u>\$ 14,503,208</u>	<u>\$ 186,540</u>	<u>\$ 14,689,748</u>

See notes to combined financial statements.

Samaritan Inn, Inc. and Affiliate
Combined Statement of Functional Expenses
Year Ended September 30, 2022

	Program				Support		Total
	Shelter	North Texas Gateway Apartments	Thrift Store	Total Program Services	General and Management	Fundraising	
Salaries and wages	\$ 1,705,994	\$ 113,733	\$ 341,199	\$ 2,160,926	\$ 312,766	\$ 369,632	\$ 2,843,324
Employee benefits	184,845	12,323	36,969	234,137	33,888	40,050	308,075
Individual and family assistance	142,370	-	-	142,370	-	-	142,370
Insurance	69,559	30,788	7,982	108,329	4,561	1,140	114,030
Professional fees and contract labor	1,194	1,657	3,785	6,636	270,638	5,785	283,059
Occupancy and utilities	193,862	85,808	22,247	301,917	12,712	3,178	317,807
Office expenses and supplies	23,205	10,271	2,663	36,139	1,522	380	38,041
Program transportation	31,431	-	-	31,431	-	-	31,431
Computer hosting	38,767	1,789	8,946	49,502	4,175	5,964	59,641
Bank and merchant fees	240	1,439	12,161	13,840	103	31,487	45,430
Apartment maintenance and repairs	-	63,833	-	63,833	-	-	63,833
Donated professional services	46,799	-	-	46,799	228	-	47,027
Donated food and shelter supplies	3,010,315	-	-	3,010,315	-	-	3,010,315
Miscellaneous and other expenses	37,999	2,533	7,598	48,130	6,963	8,231	63,324
Depreciation	244,536	108,237	28,061	380,834	16,037	4,009	400,880
Interest	16,550	-	-	16,550	-	-	16,550
Event activities and production	-	-	-	-	-	68,575	68,575
Total expenses by function	5,747,666	432,411	471,611	6,651,688	663,593	538,431	7,853,712
Less expenses included with revenues on the combined statement of activities -							
Direct costs of special events	-	-	-	-	-	(38,958)	(38,958)
Total expenses included in the expense section of the combined statement of activities	\$ 5,747,666	\$ 432,411	\$ 471,611	\$ 6,651,688	\$ 663,593	\$ 499,473	\$ 7,814,754

See notes to combined financial statements.

Samaritan Inn, Inc. and Affiliate
Combined Statement of Cash Flows
Year Ended September 30, 2022

Cash flows from operating activities:	
Change in net assets	\$ 138,166
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	400,880
Allowance for doubtful accounts	(5,000)
Donation of property and equipment	(38,943)
Net unrealized and realized losses on investments	656,621
Gain from disposal of property and equipment	(1,500)
Changes in assets and liabilities:	
Pledges receivable	(15,000)
Accounts receivable	37,366
Grants receivable	(21,668)
Government grant receivable	(526,723)
Prepaid expenses	(40,434)
Gift cards for residential use	4,635
Accounts payable	(6,728)
Accrued liabilities	63,570
Deferred revenue	29,580
Other current liabilities	3,975
	678,797
Net cash provided by operating activities	
Cash flows from investing activities:	
Purchases of investments	(606,696)
Proceeds from sales of investments	56,436
Purchases of property and equipment	(82,720)
Proceeds from disposal of property and equipment	1,500
	(631,480)
Net cash used by investing activities	
Cash flows from financing activities:	
Payments on notes payable	(25,067)
	22,250
Net change in cash and cash equivalents	
Cash and cash equivalents at beginning of year	1,170,785
Cash and cash equivalents at end of year	\$ 1,193,035
Supplemental disclosure of cash flow information:	
Cash paid for interest	\$ 16,550
Supplemental schedule of noncash investing activities:	
Donation of property and equipment	\$ 38,943

See notes to combined financial statements.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

1. Organization

Samaritan Inn, Inc. (Samaritan Inn) is located in McKinney, Texas and is a nonprofit organization that is classified by the Internal Revenue Service (IRS) as tax-exempt under Section 501(c)(3) of the Internal Revenue Code (Code). Samaritan Inn was chartered on July 23, 1984 to provide transitional refuge for individuals and families experiencing homelessness. These people, who are in a crisis, are primarily from Collin and Dallas counties, desire self-sufficiency and require temporary shelter.

The Samaritan Inn Foundation Inc. (Foundation) is a nonprofit organization that is classified by the IRS as tax-exempt under Section 501(c)(3) of the Code and was established to provide resources for Samaritan Inn.

The North Texas Gateway Apartments was officially opened on May 1, 2008 to graduates of Samaritan Inn. The apartments were established to allow formerly homeless people reduced-rent housing while they transition into mainstream housing. The North Texas Gateway Apartments are part of the operations of Samaritan Inn and reported as a separate program in the accompanying combined financial statements.

The board of directors for Samaritan Inn and the Foundation are under common control.

Samaritan Inn and the Foundation are collectively referred to herein as the Organization. The Organization is supported primarily by contributions from individuals, corporations, granting agencies, local churches, service clubs, newsletter recipients, donated goods and services, and fundraising events. Major revenue sources include rents collected from the operation of the North Texas Gateway Apartments and sales of recycled clothing and house wares in a thrift store.

2. Summary of Significant Accounting Policies

The accounting policies of the Organization conform to accounting principles generally accepted in the United States of America (GAAP). The more significant accounting policies of the Organization are described below.

Combined Financial Statements

In accordance with the provisions of Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 958-810 Not-for-Profit Entities/Consolidations, the financial statements of Samaritan Inn and the Foundation have been combined and all inter-organization transactions and accounts have been eliminated.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Basis of Accounting and Combined Financial Statement Presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Net assets without donor restrictions - Net assets not subject to donor-imposed stipulations. Net assets without donor restrictions may be designated for specific purposes by action of the board of directors.

Net assets with donor restrictions - Net assets subject to donor stipulations that will be met by actions of the Organization and/or the passage of time.

Some net assets with donor restrictions include a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the Organization to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a board of directors approved spending policy. As of September 30, 2022, no such net asset restrictions existed.

Revenues are reported as increases in net assets without donor restrictions, unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses are reported as increases or decreases in net assets without donor restrictions, unless their use is restricted by explicit donor stipulation or by law. Expirations of net assets with donor restrictions (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. Contributions with donor-imposed restrictions that are met in the same year as the contributions were received are reported as net assets without donor restrictions. Donor restrictions on contributions of property and equipment or contributions restricted for the purchase or construction of property expire when the assets are placed in service unless the donor stipulated otherwise.

Financial Instruments and Credit Risk Concentrations

Financial instruments, which are potentially subject to concentrations of credit risk, consist principally of cash and cash equivalents, pledges receivable, accounts receivable, grants receivable and investments in marketable securities. Cash and cash equivalents are placed with high credit quality financial institutions to minimize risk. The cash balances maintained by the Organization at times may exceed federally insured limits. The Organization has not incurred any losses in these accounts and does not believe that they are exposed to any significant credit risk on cash and cash equivalents. At September 30, 2022, the Organization had uninsured bank balances totaling \$714,101.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Pledges and grants receivable are unsecured and are due from donors, other nonprofit organizations, and government entities. Accounts receivable are unsecured and are primarily due from tenants in the North Texas Gateway Apartments. The Organization continually evaluates the collectability of pledges, accounts and grants receivable and maintains allowances for potential losses, if considered necessary. No allowance has been recorded for accounts, pledges or grants receivable as of September 30, 2022. Marketable securities are subject to various risks, such as interest rate, credit and overall market volatility risks.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and highly liquid investments with a maturity of three months or less when purchased. Cash and cash equivalents designated for long-term purposes or received with donor-imposed restrictions limiting their use to long-term purposes are not considered cash and cash equivalents for purposes of the combined statement of cash flows. The Organization classifies cash and money market accounts held by external investment managers as investments as these funds are not readily available for operations.

Inventory

Samaritan Inn's inventory consists of purchased and donated perishable and non-perishable food items, toiletries, linens and other supplies required for the operation of a homeless shelter. Inventory of the Thrift Store consists of recycled clothing and housewares obtained through charitable donations. These items are distributed to clients free of charge or are sold at bargain prices. Samaritan Inn's inventory balance at September 30, 2022 is immaterial and not recorded on the combined statement of financial position. Due to the nature of the Thrift Store's donated inventory, the value is uncertain and, therefore, is not recognized in the combined financial statements until sold.

Investments

At September 30, 2022, the Organization's investments in marketable securities consist of money market funds, mutual funds, exchange traded funds, equities, corporate bonds and cash equivalents and are stated at fair value in the combined statement of financial position. Interest, dividends and realized and unrealized gains and losses are reported in the combined statement of activities as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations or by law.

Property and Equipment

Property and equipment purchased by the Organization are recorded at cost or if acquired by gift, fair market value at the date of the gift. The fair value of donated fixed assets is capitalized. Depreciation is calculated using the straight-line method based upon the estimated useful lives of 5 to 30 years for buildings and improvements and 5 to 10 years for vehicles, furniture and equipment.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Impairment of Long-Lived Assets

Management of the Organization periodically reviews the carrying value of its long-lived assets, including property and equipment, whenever events or changes in circumstances indicate that the carrying value may not be recoverable. An impairment loss is recognized to the extent fair value of a long-lived asset is less than the carrying amount. Fair value is determined based on the estimated future cash inflows attributable to the asset less estimated future cash outflows.

Revenue Recognition

Contributions are generally recorded only upon receipt, unless evidence of an unconditional promise to give has been received. Unconditional promises to give (pledges receivable) that are expected to be collected in future years are recorded at the present value of the amounts expected to be collected. All contributions are considered available for unrestricted use unless specifically restricted by the donor.

Conditional promises to give, those with a measurable performance or other barrier and a right of return, are not recognized until the conditions on which they depend have been met. Amounts received prior to meeting measurable performance or other barriers are reported as refundable advances.

Donated materials, food, supplies and property and equipment are reflected as contributions at their estimated fair values at date of receipt. The Organization recognizes contribution revenue for certain services received at the fair value of those services, provided those services create or enhance non-financial assets or require specialized skills which are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Special event revenue is recognized at the time of the event. Income from rent and utilities is recognized in the period to which they relate. Thrift store revenue is recognized at the time of sale.

Federal Income Taxes

Samaritan Inn and the Foundation are recognized by the IRS as exempt from federal income tax under section 501(c)(3) of the Code and are not private foundations as defined in the Code. Income generated from activities unrelated to the Organization's exempt purpose is subject to tax under Code Section 511. The Organization did not have a material unrelated business income tax liability as of September 30, 2022. Therefore, no tax provision or liability has been reported in the accompanying combined financial statements. The Organization had no significant uncertain tax positions for the year ended September 30, 2022.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

Allocation of Functional Expenses

The costs of providing the various program services and supporting activities have been summarized on a functional basis in the combined statement of activities. Costs are allocated between program services and support services based on management's judgment considering space used, time spent or direct relation to the program or support service benefited.

Estimates and Assumptions

The preparation of combined financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimated.

Accounting Pronouncement Adopted

Samaritan Inn adopted ASU 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets* (ASU 2020-07). ASU 2020-07 increases transparency of contributed nonfinancial assets for not-for-profit (NFP) entities through enhancement to presentation and disclosure. The amendments in ASU 2020-07 address stakeholders' concerns about the lack of transparency about the measurement of contributed nonfinancial assets recognized by NFP's, as well as the amount of those contributions used in an NFP's programs and other activities. ASU 2020-07 requires NFPs to present contributed nonfinancial assets (in-kind contributions) as a separate line items in the statement of activities. Samaritan Inn has adopted this ASU on a retrospective basis as of and for the year ended September 30, 2022.

Analysis of various provisions of this standard resulted in no significant changes in the way Samaritan Inn recognizes in-kind contributions, and therefore, no changes were required to net assets as of October 1, 2021. The presentation and disclosures of in-kind contributions have been enhanced in accordance with the standard.

New Accounting Pronouncement

Changes to GAAP are established by the Financial Accounting Standards Board (FASB) in the form of accounting standards updates (ASUs) to the FASB's Accounting Standards Codification. The Organization considers the applicability and impact of all ASUs. ASUs not listed below were assessed and determined to be either not applicable or are expected to have minimal impact on the Organization's financial position and changes in net assets.

In 2016, the FASB issued its leasing standard in ASU 2016-02, *Leases* for both lessees and lessors. Under its core principle, a lessee will recognize right-of-use assets and related lease liabilities on the statement of financial position for all lease arrangements with terms longer than 12 months. The pattern of expense recognition in the statement of activities will depend on a lease's classification. The standard takes effect for fiscal years beginning after December 15, 2021.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

The Organization is currently assessing the impact that adopting this new guidance will have on the financial statements.

3. Investments

Under the Fair Value Measurements and Disclosures topic of the Codification, ASC 820, disclosures are required about how fair value is determined for assets and liabilities and a hierarchy for which these assets and liabilities must be grouped is established, based on significant levels of inputs as follows:

Level 1	Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;
Level 2	Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies;
Level 3	Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates or assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Money Market Funds and Cash Equivalents

These investments are valued using \$1 for the net asset value (NAV).

Mutual Funds/Exchange Traded Funds/Equities

These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

Corporate Bonds

Corporate bonds are valued at the closing price reported in the active market in which the bond was traded on the financial statement date.

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

Below are the Organization's financial instruments at fair value as of September 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Money market funds and cash equivalents	\$ 146,408	\$ -	\$ -	\$ 146,408
Exchange traded funds	772,929	-	-	772,929
Mutual funds	2,406,882	-	-	2,406,882
Corporate bonds	-	98,969	-	98,969
Equities	2,923	-	-	2,923
	<u>\$ 3,329,142</u>	<u>\$ 98,969</u>	<u>\$ -</u>	<u>\$ 3,428,111</u>

Net investment income for the year ended September 30, 2022 consists of the following:

Interest and dividends	\$ 146,895
Unrealized losses on investments	(656,265)
Realized loss on investments	(356)
Investment fees	(23,462)
	<u>\$ (533,188)</u>

4. Property and Equipment

Property and equipment consist of the following at September 30, 2022:

Land and improvements	\$ 1,260,097
Buildings and improvements	11,323,501
Furniture and equipment	256,856
Vehicles	175,442
Construction in progress	3,000
	13,018,896
Accumulated depreciation	(2,790,809)
	<u>\$ 10,228,087</u>

Depreciation expense totaled \$400,880 for the year ended September 30, 2022.

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

5. Notes Payable

Effective April 26, 2018, the Samaritan Inn entered into a note payable with an equipment financing company for \$36,315. The note is payable in monthly installments of \$605 including interest at a rate of 0.375% and is due on April 26, 2023. The loan is collateralized by equipment. As of September 30, 2022, \$4,237 was due under this note payable.

Effective March 20, 2019, the Samaritan Inn entered into a note payable with a bank for \$3,500,000 to refinance the loan for construction of a new shelter. On April 24, 2021, the Samaritan Inn refinanced this note payable into another note payable in the amount of \$3,020,598 with a different bank. This note is payable in monthly installments of \$2,863 including interest at a rate of 3.25% and is due on May 21, 2032. The note is collateralized by the Samaritan Inn's new shelter. As of September 30, 2022, \$482,196 was due under this note.

Maturities of long-term debt are as follows for the years ending September 30:

2023	\$	22,998
2024		19,346
2025		20,035
2026		20,705
2027		21,398
Thereafter		<u>381,951</u>
	\$	<u>486,433</u>

6. Net Assets with Donor Restrictions

As of September 30, 2022, net assets with donor restrictions consist of amounts restricted for the following:

Time restricted	\$	53,624
Camps and activities for children		39,606
Workforce development		55,000
Gateway renovation project		23,310
Shelter facility construction		<u>15,000</u>
	\$	<u>186,540</u>

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

7. Contributions of Nonfinancial Assets

The Organization received the following contribution of nonfinancial assets during the year ended September 30, 2022:

	Program Services	Management and General	Fundraising	Total
Food granted to other organizations	\$ 2,071,508	\$ -	\$ -	\$ 2,071,508
Food utilized by Samaritan Inn	507,231	-	-	507,231
Shelter supplies utilized by Samaritan Inn	282,129	-	-	282,129
Shelter supplies granted to other organizations	149,447	-	-	149,447
Professional services	46,799	24,931	-	71,730
Apartment furnishings	63,833	-	-	63,833
Automobiles	38,943	-	-	38,943
	<u>\$ 3,159,890</u>	<u>\$ 24,931</u>	<u>\$ -</u>	<u>\$ 3,184,821</u>

For the year ended September 30, 2022, the Organization did not monetize, nor does there exist any donor-imposed restrictions, on the contributed nonfinancial assets referenced above.

Donated Samaritan Inn Shelter and Other Organizations Food

The Organization networks with North Texas Food Bank to receive large shipments of contributed food. The donated food supports the Organization’s Mass Food Program. The food is initially separated and weighed by usable versus non-usable (trash) food. These donations are later allocated between food utilized by the Organization versus food granted to other organizations. The total monthly weight is recorded and valued at \$1.53 per pound. This figure is provided by the Feeding America Product Valuation Methodology Survey.

Donated Samaritan Inn Shelter and Other Organizations Supplies

The Organization receives large shipments of contributed shelter supplies. These supplies support the programmatic needs of the Organization. In addition, the Organization grants surplus supplies to other organizations. The donated supplies are allocated between supplies utilized by the Organization versus supplies granted to other organizations. The valuation methodology for these supplies includes calculating the estimate fair value based upon an average cost comparison of three suppliers. This valuation methodology is updated on an as needed basis to reflect material changes in inflation.

Professional Services

The Organization receives donated services including shredding, extermination, chiropractic, haircutting, bicycle repair, dental, veterinary, landscaping, and investment management fees. These services support the overall programmatic needs of the Organization. The professional services valuation methodology is recorded at an estimated fair-market-value.

Samaritan Inn, Inc. and Affiliate

Notes to Combined Financial Statements

In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization with specific assistance programs, campaign solicitations, and various committee assignments. These amounts are not reflected in the figure above as these types of services do not meet the criteria for recognition.

Apartment Furnishings

These donations support the Organization's Gateway Apartments program. The Gateway apartments vary between 1 or 2 bedrooms in size. The apartment furnishings are gifted to every new resident at time of move-in and are available to remain in the resident's possession at move-out. When a new resident occupies a unit, The Organization assigns a donor to furnish the bedroom(s), living room, kitchen, and bathroom. An adopter checklist is provided which includes the apartment number and date of move-in along with suggestions for furniture items and bathroom, kitchen, cleaning/hygiene, décor, and food starter kits. A value is assigned to each item on the adopter checklist. The value of items on the checklist is created by calculating an average cost comparison between three suppliers. The adopter checklist also provides blank lines should donors decide to provide items in addition to the checklist suggestions. At the time of move-in, the Organization's staff performs a walk-through of the unit recording the donated apartment furnishings on the adopter checklist. The checklist is then signed and dated by the Organization's employee and saved internally for accounting purposes.

Automobiles

During year end September 30, 2022, the Organization received a donated 2022 Ford F250 which supports all programmatic needs of the Organization. Utilization of the automobile includes, but is not limited to, food and shelter supplies pick up and hauling of heavy equipment, furniture, and event supplies providing essential functions of the Organization. Valuation methodology includes an online quote comparison averaging the MSRP provided by Kelly Blue Book for three different new 2022 Ford F250s.

The estimated fair market value of these donations is reflected as contributions of nonfinancial assets in the accompanying combined statement of activities.

8. Rent and Utilities Revenue

The Organization owns the North Texas Gateway Apartments that provide housing for a certain number of its clients in transitional housing. Tenants in the North Texas Gateway Apartments are responsible for rent payments that equal 30% of the tenant's income and utilities payments, and tenants may stay in the apartment for a maximum of 18 months from the move-in date. Tenants are evaluated every 6 months to ensure they are in compliance with program requirements. Rental revenue for the year ended September 30, 2022 totaled \$88,161. Utilities revenue for the year ended September 30, 2022 totaled \$30,894.

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

9. Employee Retention Credit

The Taxpayer Certainty and Disaster Tax Relief Act of 2020, enacted December 27, 2020, amended and extended the Employee Retention Credit (ERC) of the CARES Act. The ERC is a refundable tax credit against certain employment taxes equal to 50% of the qualified wages an eligible employer pays to employees after March 12, 2020, and before September 30, 2021. Employers are eligible for the credit if they met certain criteria that include either a full or partial suspension of operations during any calendar quarter between January 1, 2020 through September 30, 2021 due to government orders or a significant decline on gross receipts. The Organization has determined it is eligible for the ERC in the amount of \$526,723. This amount was recognized as government grant income during the year ended September 30, 2022. The amount is included in government grants receivable on the accompanying combined statement of financial position and government grant income in the accompanying combined statement of activities for the year ended September 30, 2022.

10. Leases

The Organization leases equipment under the terms of operating lease agreements expiring at various times through 2025. Future minimum lease payments under these lease agreements are as follows for the years ending September 30:

2023	\$ 10,207
2024	8,927
2025	5,087

Expenses related to these agreements totaled \$20,822 for the year ended September 30, 2022.

11. Related Party Transactions

During the year ended September 30, 2022, the Organization received donations from board members and related companies totaling \$305,338.

Samaritan Inn, Inc. and Affiliate
Notes to Combined Financial Statements

12. Liquidity and Availability of Resources

The Organization's financial assets available within one year of the combined statement of financial position date for general expenditures are as follows:

Cash and cash equivalents	\$ 1,193,035
Pledges receivable	25,000
Accounts receivable	1,276
Government grant receivable	526,723
Grants receivable	28,624
Investments	<u>3,428,111</u>
Total financial assets	5,202,769
Less amounts not available for general expenditures within one year:	
Donor restricted for camps and activities for children	39,606
Donor restricted for workforce development	55,000
Donor restricted for Gateway renovation project	23,310
Donor restricted for shelter facility construction	<u>15,000</u>
Total financial assets not available for general expenditures within one year	<u>132,916</u>
Total financial assets available to meet cash needs for general expenditures within one year	<u><u>\$ 5,069,853</u></u>

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To achieve this, the Organization forecasts its future cash flows and monitors its liquidity monthly. In addition, the Organization invests cash in excess of daily requirements in short-term investments. During the year ended September 30, 2022, the level of liquidity was managed within the Organization's expectations.

13. Subsequent Events

In November 2022, the Organization sold property to a governmental entity. The Organization received proceeds of \$290,000 from the sale.

The Organization evaluated subsequent events after the combined statement of financial position date through the date the combined financial statements were available to be issued, and concluded that no additional disclosures are required.

Internal Revenue Service

Date: June 1, 2005

SAMARITAN INN INC
PO BOX 541
MCKINNEY TX 75070-8139

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Kathy Masters ID# 31-04015
Customer Service Representative

Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
75-1984285

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on May 27, 2004. We have updated our records to reflect the name change as indicated above.

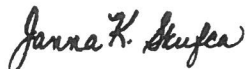
In August 1985 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **10/01**, **2022**, and ending **9/30**, **20** **2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C SAMARITAN INN, INC. 1725 N MCDONALD ST MCKINNEY, TX 75071	D Employer identification number 75-1984285	E Telephone number (972) 632-1290
F Name and address of principal officer: JILL SCIGLIANO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.SAMINN.ORG		L Year of formation: 1984	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: TX	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>THE SAMARITAN INN, INC. IS A COMPREHENSIVE HOMELESS PROGRAM THAT HELPS WILLING PEOPLE GAIN DIGNITY AND INDEPENDENCE.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	77
	6 Total number of volunteers (estimate if necessary)	6	477
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,693,968.	6,663,168.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	726,171.	783,026.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,500.	287,034.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-40,243.	-136,248.
		8,381,396.	7,596,980.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,552,685.	2,898,842.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,151,401.	3,360,087.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 714,145.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,432,783.	1,944,467.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,136,869.	8,203,396.	
19 Revenue less expenses. Subtract line 18 from line 12	244,527.	-606,416.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,085,340.	11,540,981.
	22 Net assets or fund balances. Subtract line 21 from line 20	823,703.	887,178.
		11,261,637.	10,653,803.

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 JILL SCIGLIANO	Date	
	Type or print name and title CEO		
Paid Preparer Use Only	Print/Type preparer's name CARROLL ELIZABETH ARNOTT	Preparer's signature	Date
	Firm's name SUTTON FROST CARY LLP	Check <input type="checkbox"/> if self-employed	PTIN P01965628
	Firm's address 200 E FRONT ST, SUITE 200 ARLINGTON, TX 76011	Firm's EIN 75-2593210	
		Phone no. (817) 649-8083	

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 [X]

1 Briefly describe the organization's mission:

THE SAMARITAN INN, INC. IS A COMPREHENSIVE HOMELESS PROGRAM THAT HELPS WILLING PEOPLE GAIN DIGNITY AND INDEPENDENCE.

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 5,728,121. including grants of \$ 2,898,842.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 603,734. including grants of \$) (Revenue \$ 668,611.)

THE THRIFT STORE WAS ESTABLISHED TO ASSIST THE INN'S RESIDENTS WITH CLOTHING OR HOUSEHOLD NEEDS USING AN INTERNAL VOUCHER SYSTEM. WE ALSO SELL DIRECTLY TO THE GENERAL PUBLIC. SALES ARE COMPOSED OF DONATIONS MADE FROM THE PUBLIC THAT PRIMARILY RESIDE IN COLLIN COUNTY.

4c (Code:) (Expenses \$ 408,769. including grants of \$) (Revenue \$ 114,415.)

THE NORTH TEXAS GATEWAY APARTMENTS WERE OFFICIALLY OPENED ON MAY 1, 2008 TO GRADUATES OF SAMARITAN INN. THE APARTMENTS WERE ESTABLISHED TO ALLOW FORMERLY HOMELESS PEOPLE REDUCED-RENT HOUSING FOR TRADITIONAL PURPOSES. TENANTS IN NORTH TEXAS GATEWAY APARTMENTS ARE RESPONSIBLE FOR RENT PAYMENTS THAT EQUAL 30% OF THE TENANT'S INCOME. TENANTS MAY STAY IN THE APARTMENTS FOR A MAXIMUM OF 18 MONTHS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,740,624.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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 77		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		
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.		X
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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified 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.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b 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

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
DENNIS SEEMAN 1725 N MCDONALD ST MCKINNEY TX 75071 972-632-1290

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) RICK CROCKER - THRU 10/2022 CEO	40 0			X				225,547.	0.	0.
(2) JILL SCIGLIANO CEO	49 1			X				139,901.	0.	0.
(3) TRACY FERGUSON CDO	40 0			X				103,005.	0.	0.
(4) SUNITHA CHINTHALAPUDI DIRECTOR	1 0	X						0.	0.	0.
(5) CINDY MASO DIRECTOR	1 0	X						0.	0.	0.
(6) PHIL MATERNOWSKI IMM PAST PRES	1 1	X		X				0.	0.	0.
(7) ALVIN BENTON DIRECTOR	1 0	X						0.	0.	0.
(8) LARRY LITTLE DIRECTOR	1 1	X						0.	0.	0.
(9) MARK DENISSEN DIRECTOR	1 1	X						0.	0.	0.
(10) BEN CARTER TREASURER	1 0	X		X				0.	0.	0.
(11) DARION CULBERTSON DIRECTOR	1 0	X						0.	0.	0.
(12) JOSH GURSKI DIRECTOR	1 1	X						0.	0.	0.
(13) BRUNO CHERON VICE PRESIDENT	1 0	X		X				0.	0.	0.
(14) JOEL S. AUSTIN DIRECTOR	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) CRISTI LOCKETT SECRETARY	1 0	X		X				0.	0.	0.
(16) CHRISTI NABORS DIRECTOR	1 0	X						0.	0.	0.
(17) RICK GRADY DIRECTOR	1 0	X						0.	0.	0.
(18) JOY PALAZZO PRESIDENT	1 0	X		X				0.	0.	0.
(19) DR. RONALD HENDERSON DIRECTOR	1 0	X						0.	0.	0.
(20) DALIA POWERS DIRECTOR	1 0	X						0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	468,453.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	468,453.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FORVIS, LLP 14241 DALLAS PKWY #1100 DALLAS, TX 75254	ACCOUNTING/CONSULTING	392,423.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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 604,882.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,058,286.				
	g Noncash contributions included in lines 1a-1f	1g 2,837,500.				
	h Total. Add lines 1a-1f		6,663,168.			
Program Service Revenue	Business Code					
	2a THRIFT STORE SALES	900099	668,611.	668,611.		
	b REDUCED-RENT HOUSING	624200	114,415.	114,415.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f		783,026.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,153.		16,153.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses	6b			
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other			290,000.	
		7b Less: cost or other basis and sales expenses	7b		19,119.	
	c Gain or (loss)	7c		270,881.		
	d Net gain or (loss)		270,881.		270,881.	
	Other Revenue	8a Gross income from fundraising events (not including \$ 604,882. of contributions reported on line 1c). See Part IV, line 18	8a	29,890.		
b Less: direct expenses		8b	166,138.			
c Net income or (loss) from fundraising events			-136,248.		-136,248.	
9a Gross income from gaming activities. See Part IV, line 19		9a				
		b Less: direct expenses	9b			
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a				
		b Less: cost of goods sold.	10b			
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11a -----					
	b -----					
	c -----					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		7,596,980.	783,026.	0.	150,786.	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,898,842.	2,898,842.		
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	245,531.	147,319.	49,106.	49,106.
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.	0.	0.	0.
7 Other salaries and wages	2,526,846.	2,021,579.	66,635.	438,632.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	236,777.	185,232.	9,886.	41,659.
10 Payroll taxes	350,933.	274,537.	14,652.	61,744.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,392.		7,392.	
c Accounting	437,560.		437,560.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,140.		26,140.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	112,912.	42,459.	30,427.	40,026.
12 Advertising and promotion				
13 Office expenses	36,224.	34,413.	1,449.	362.
14 Information technology	151,002.	118,129.	6,305.	26,568.
15 Royalties				
16 Occupancy	324,031.	307,830.	12,961.	3,240.
17 Travel	25,316.	25,316.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,609.	15,609.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	418,929.	397,983.	16,757.	4,189.
23 Insurance	170,340.	161,823.	6,814.	1,703.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MISC & OTHER EXPENSES</u>	121,873.	31,147.	55,671.	35,055.
b <u>MAINTENANCE & REPAIRS</u>	63,771.	63,771.		
c <u>BANK & MERCHANT FEES</u>	33,368.	14,635.	6,872.	11,861.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,203,396.	6,740,624.	748,627.	714,145.
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 X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	1,193,035.	1	1,577,900.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	580,347.	3	72,188.
	4 Accounts receivable, net	1,276.	4	41,864.
	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	13,977.	8	21,315.
	9 Prepaid expenses and deferred charges	68,618.	9	40,223.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,905,212.		
	b Less: accumulated depreciation	10b 3,130,855.	10,228,087.	10c 9,774,357.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	13,134.
16 Total assets. Add lines 1 through 15 (must equal line 33)		12,085,340.	16	11,540,981.
Liabilities	17 Accounts payable and accrued expenses	288,967.	17	391,389.
	18 Grants payable		18	
	19 Deferred revenue	34,004.	19	3,604.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	486,433.	23	463,451.
	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	14,299.	25	28,734.
	26 Total liabilities. Add lines 17 through 25		823,703.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	11,075,097.	27	10,544,104.
	28 Net assets with donor restrictions	186,540.	28	109,699.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	11,261,637.	32	10,653,803.
33 Total liabilities and net assets/fund balances		12,085,340.	33	11,540,981.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,596,980.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,203,396.
3	Revenue less expenses. Subtract line 2 from line 1	3	-606,416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,261,637.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-1,418.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,653,803.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
3b	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		

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

SAMARITAN INN, INC.

Employer identification number

75-1984285

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 **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 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

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.")	6,355,812.	5,653,360.	8,594,185.	7,693,968.	6,663,168.	34,960,493.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	6,355,812.	5,653,360.	8,594,185.	7,693,968.	6,663,168.	34,960,493.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						323,524.
6 Public support. Subtract line 5 from line 4.						34,636,969.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	6,355,812.	5,653,360.	8,594,185.	7,693,968.	6,663,168.	34,960,493.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		7,893.	6,784.		16,153.	30,830.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	77,580.	5,339.	17,788.	2,379.		103,086.
11 Total support. Add lines 7 through 10.						35,094,409.
12 Gross receipts from related activities, etc. (see instructions)					12	2,777,484.
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).	14	98.70 %
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	97.91 %

16a 33-1/3% support test—2022. 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—2021. 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—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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.

b 10%-facts-and-circumstances test—2021. 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 instructions.

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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 (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? <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 line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a 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.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

		Yes	No
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):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-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 (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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 – explain in Part VI). 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 3e			
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . 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			

BAA

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
OTHER INCOME		\$ 2,379.	\$ 17,788.	\$ 5,339.	\$ 77,580.
TOTAL	\$ 0.	\$ 2,379.	\$ 17,788.	\$ 5,339.	\$ 77,580.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

SAMARITAN INN, INC.

Employer identification number

75-1984285

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

SAMARITAN INN, INC.

75-1984285

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 301,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 2,332,922.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAMARITAN INN, INC.	Employer identification number 75-1984285
---	--

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD ----- ----- -----	\$ 2,332,922.	VARIOUS
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization **SAMARITAN INN, INC.** Employer identification number **75-1984285**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

SAMARITAN INN, INC.

75-1984285

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

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.

1 a 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 make 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 program
- 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.

1 a 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:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a 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 on 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1 a Land		1,240,978.		1,240,978.
b Buildings		11,208,369.	2,807,377.	8,400,992.
c Leasehold improvements				
d Equipment		455,865.	323,478.	132,387.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,774,357.

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Part VII Investments – Other Securities. N/A
 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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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, column (B) line 13.)		

Part IX Other Assets. N/A
 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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	
(2) OPERATING LEASE LIABILITY	13,134.
(3) OTHER LIABILITIES	15,600.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	28,734.

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

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

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	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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. N/A

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	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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.

PART X - FASB ASC 740 FOOTNOTE

SAMARITAN INN IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AND IS NOT A PRIVATE FOUNDATION AS DEFINED IN THE CODE. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATON'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER CODE SECTION 511. THE ORGANIZATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AS OF SEPTEMBER 30, 2023. THEREFORE, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ENDED SEPTEMBER 30, 2023.

**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, 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

2022

Open to Public Inspection

Name of the organization

SAMARITAN INN, INC.

Employer identification number

75-1984285

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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		IN BLOOM (event type)	OPERATION HOPE (event type)	1 (total number)	(add column (a) through column (c))		
Revenue	1	Gross receipts	300,693.	202,846.	131,233.	634,772.	
	2	Less: Contributions	274,398.	202,846.	127,638.	604,882.	
	3	Gross income (line 1 minus line 2)	26,295.		3,595.	29,890.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	26,295.		23,071.	49,366.	
	7	Food and beverages			3,595.	3,595.	
	8	Entertainment	50,000.		6,500.	56,500.	
	9	Other direct expenses	21,862.	24,536.	10,279.	56,677.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					166,138.
	11	Net income summary. Subtract line 10 from line 3, column (d)					-136,248.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Revenue	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: _____
- 10 a 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	13 a	%
b An outside facility	13 b	%

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

Name -----

Address -----

- 15 a 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 to be 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

SAMARITAN INN, INC.

Employer identification number

75-1984285

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

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

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 FOOD & SUPPLIES-SAM. INN RESIDENTS	474		856,428.	FMV	FOOD & SUPPLIES
2 INDIVIDUAL & FAMILY ASSISTANCE	474		127,954.	FMV	ADULT AND CHILDREN'S PROGRAMS
3 FOOD & SUPPLIES-NONRESIDENTS	1,017		1,914,460.	FMV	FOOD & SUPPLIES TO OTHER ORGAN.
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE FOOD ASSISTANCE IS MOSTLY FOOD SUPPLIED AT THE SHELTER; RESIDENTS ARE FED 3 MEALS A DAY. ADDITIONAL FOOD ASSISTANCE IS PROVIDED TO GRADUATES OF THE SHELTER PROGRAM. COMMUNITY MEMBERS MAY APPLY FOR FOOD ASSISTANCE, AND MUST COMPLETE A SCREENING PROCESS TO ENSURE ELIGIBILITY.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

THE ORGANIZATION NETWORKS WITH NORTH TEXAS FOOD BANK TO RECEIVE LARGE AMOUNTS OF IN-KIND FOOD AND SHELTER SUPPLIES. THE VALUE OF THE IN-KIND FOOD AND SHELTER SUPPLIES IS BASED ON THE WEIGHT OF THE DONATION. THE TOTAL IN-KIND FOOD AND SHELTER SUPPLIES ABOVE IS SEPARATED BY THE AMOUNT UTILIZED BY THE ORGANIZATION VERSUS DONATED TO OTHER SHELTERS.

**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

SAMARITAN INN, INC.

Employer identification number

75-1984285

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 RICK CROCKER - THRU 10/2022 CEO	(i)	184,650.	40,897.	0.	0.	225,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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.

**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 instructions and the latest information.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAMARITAN INN, INC.

Employer identification number

75-1984285

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.....	X		496,290.	THRIFT VALUE
6 Cars and other vehicles.....	X	1	2,840.	FMV
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....				
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	1,485,938	2,332,922.	\$1.57/POUND
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other (VOUCHERS.....)	X	1	5,448.	THRIFT VALUE
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 V, Donee Acknowledgement..... **29**

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....		X
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?.....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

SAMARITAN INN, INC.

Employer identification number

75-1984285

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

THE SAMARITAN INN WAS FOUNDED IN 1984 BY THE COLLIN COUNTY MINISTERIAL ALLIANCE. RECOGNIZING THE NEED TO HELP PEOPLE EXPERIENCING HOMELESSNESS, COMMUNITY SUPPORTERS OPENED A 10 BED EMERGENCY SHELTER FOR MEN. AS THE COMMUNITY GREW, MANY WOMEN AND FAMILIES SOUGHT HELP AT THE SAMARITAN INN AND THE SHELTER EXPANDED THE NUMBER OF BEDS AND ADDED A NEW WING FOR WOMEN AND CHILDREN.

CURRENTLY, OUR SHELTER HAS A CAPACITY OF 226 PEOPLE, TYPICALLY WITH 110 ADULTS AND 70 CHILDREN.

IN OUR 40 YEARS OF SERVICE, WE ARE PROUD TO HAVE DEVELOPED A COMPREHENSIVE APPROACH TO ENDING HOMELESSNESS. WITH PROFESSIONAL CASE WORKERS AND COUNSELORS ON STAFF, PERSONALIZED PLANS THAT TEACH LIFE-SKILLS AND THE BASICS OF SELF-SUFFICIENCY ARE DEVELOPED FOR EACH RESIDENT WITH GOALS AND OUTCOMES MEASUREMENTS IN AN EFFORT TO HELP PEOPLE RETURN TO INDEPENDENCE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS REVIEWED BY THE BOARD'S INTERNAL AFFAIRS COMMITTEE AND REVIEWED AGAIN BY THE SAMARITAN INN BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EVERYONE WHO BECOMES EMPLOYED AT THE SAMARITAN INN MUST SIGN A "CONFLICT OF INTEREST ACKNOWLEDGEMENT/DISCLOSURE FORM" STATING THAT THEY HAVE READ THE POLICY AND WILL ABIDE BY IT. IF EMPLOYED BY THE SAMARITAN INN, ALL SUPPLEMENTAL EMPLOYMENT MUST BE APPROVED BY THE EXECUTIVE DIRECTOR. ONCE A YEAR THE EMPLOYEE CHART IS UPDATED AND REVIEWED AT WHICH TIME ANY CONFLICT OF INTEREST IS ALSO INVESTIGATED. THE BOARD OF DIRECTORS REVIEWS AND SIGNS "CONFLICT OF INTEREST ACKNOWLEDGEMENT/DISCLOSURE FORM" ANNUALLY. ALSO, WHEN SAMARITAN INN IS CALLED AS A REFERENCE FOR "ADDITIONAL"

Name of the organization SAMARITAN INN, INC.	Employer identification number 75-1984285
--	--

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

EMPLOYMENT, THIS TRIGGERS A REVIEW OF THE JOB DESCRIPTION BEING SOUGHT AGAINST THE SAMARITAN INN'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS HAS A COMMITTEE TO REVIEW WHAT IS "FAIR MARKET SALARY" WHEN IT COMES TO COMPARING THIS ORGANIZATION TO OTHERS OF EQUAL SIZE WITHIN THE SURROUNDING COMMUNITIES. IT IS FROM THESE FINDINGS THAT A RECOMMENDATION FOR SALARY COMPENSATION IS BROUGHT FORWARD FOR MANAGEMENT OFFICIALS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE CEO USES THE SAME PROCESS AS THE BOARD OF DIRECTORS FOR DETERMINING COMPENSATION FOR OTHER KEY EMPLOYEES. ANY OTHER OFFICER OF THE BOARD IS A VOLUNTEER.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY VISITING THE SAMARITAN INN'S WEBSITE OR UPON REQUEST. THE SAMARITAN INN ALSO DISTRIBUTES THE FINANCIAL STATEMENTS FOR GRANT APPLICATIONS.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

LOSS FROM INVOLUNTARY CONVERSION.....	\$ -1,418.
TOTAL	<u>\$ -1,418.</u>

990, PART VIII INCOME FROM FUNDRAISING EVENTS

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS:

CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C	\$ 604,882
GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A	29,890
LESS: DIRECT COSTS OF EVENTS REPORTED ON PART VIII, LINE 8B	(166,138)
NET ECONOMIC BENEFIT OF FUNDRAISING EVENTS	\$ 468,634

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAMARITAN INN, INC.

Related Organizations and Unrelated Partnerships
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.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

75-1984285

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
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) SAMARITAN INN FOUNDATION INC 1725 N. MCDONALD ST MCKINNEY, TX 75071 03-0481558	SUPPORT THE SAMARITAN INN	TX	501 (C) 3	12, TYPE 1	SAMARITAN INN, INC	X	
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

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

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **10/01**, **2022**, and ending **9/30**, **2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C SAMARITAN INN FOUNDATION INC. 1725 N MCDONALD ST MCKINNEY, TX 75071	D Employer identification number 30-0481558	E Telephone number (972) 632-1290
F Name and address of principal officer: JILL SCIGLIANO SAME AS C ABOVE		G Gross receipts \$ 156,662.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
J Website: WWW.SAMINN.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2008	M State of legal domicile: TX

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>SAMARITAN INN FOUNDATION FUNDS AND SUPPORTS THE WORK OF THE SAMARITAN INN WHICH IS A COMPREHENSIVE HOMELESS PROGRAM THAT HELPS WILLING PEOPLE GAIN DIGNITY AND INDEPENDENCE.</u>		
2	Check this box <input type="checkbox"/> 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	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	400,000.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	149,904.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		156,662.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	549,904.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.
19	Revenue less expenses. Subtract line 18 from line 12	19	549,904.
20	Total assets (Part X, line 16)	20	3,428,111.
21	Total liabilities (Part X, line 26)	21	0.
22	Net assets or fund balances. Subtract line 21 from line 20	22	3,428,111.

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 JILL SCIGLIANO	Date	
	Type or print name and title CEO		
Paid Preparer Use Only	Print/Type preparer's name CARROLL ELIZABETH ARNOTT	Preparer's signature	Date
	Firm's name SUTTON FROST CARY LLP	Check <input type="checkbox"/> if self-employed	PTIN P01965628
	Firm's address 200 E FRONT ST, SUITE 200 ARLINGTON, TX 76011	Firm's EIN 75-2593210	Phone no. (817) 649-8083

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 [X]

1 Briefly describe the organization's mission:

SAMARITAN INN FOUNDATION FUNDS AND SUPPORTS THE WORK OF THE SAMARITAN INN WHICH IS A COMPREHENSIVE HOMELESS PROGRAM THAT HELPS WILLING PEOPLE GAIN DIGNITY AND INDEPENDENCE.

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 0.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part 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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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?	12a	
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?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	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	X
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	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified 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 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. X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b 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

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
DENNIS SEEMAN 1725 N MCDONALD ST MCKINNEY TX 75071 972-632-1290

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) RICK CROCKER-THRU 10/2022 CEO	1 49			X				0.	225,547.	0.
(2) JILL SCIGLIANO-FROM 10/2022 CEO	1 49			X				0.	139,901.	0.
(3) JOSH GURSKI CHAIRMAN	1 1	X		X				0.	0.	0.
(4) MARK DENISSEN DIRECTOR	1 1	X						0.	0.	0.
(5) LARRY LITTLE DIRECTOR	1 1	X						0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1b Subtotal	0.	365,448.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	365,448.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)					
	1f All other contributions, gifts, grants, and similar amounts not included above					
	1g Noncash contributions included in lines 1a-1f					
	h Total. Add lines 1a-1f					
Program Service Revenue	Business Code					
	2a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
3 Investment income (including dividends, interest, and other similar amounts)		156,662.			156,662.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents	(i) Real	(ii) Personal			
		6b Less: rental expenses				
	6c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7b Less: cost or other basis and sales expenses				
		7c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		8b Less: direct expenses				
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		9b Less: direct expenses				
		c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a -----					
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		156,662.	0.	0.	156,662.	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	0.	0.	0.	0.
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.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	0.	0.	0.	0.
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 X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	146,408.	1	7,134.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments – publicly traded securities	3,281,703.	11	3,779,480.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,428,111.	16	3,786,614.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		23	
	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		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
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	3,428,111.	27	3,786,614.
	28 Net assets with donor restrictions		28	
	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	3,428,111.	32	3,786,614.	
33 Total liabilities and net assets/fund balances	3,428,111.	33	3,786,614.	

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	156,662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	0.
3	Revenue less expenses. Subtract line 2 from line 1	3	156,662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,428,111.
5	Net unrealized gains (losses) on investments	5	201,841.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,786,614.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
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		

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 SAMARITAN INN FOUNDATION INC.	Employer identification number 30-0481558
--	---

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 **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 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 1
 - 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		
(A)	SAMARITAN INN INC.	75-1984285	7	X		0.	0.
(B)							
(C)							
(D)							
(E)							
Total						0.	0.

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

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

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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2022. 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.		<input type="checkbox"/>
b 33-1/3% support test—2021. 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.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. 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.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>	X	
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>		X
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>		X
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>		
3c 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>		X
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>		
4c 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>		X
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?		
5c 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>		X
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, 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>	X	
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>		X

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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** 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.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
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):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-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 (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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 – explain in Part VI). 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 3e			
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . 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			

BAA

Part VI

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

SAMARITAN INN FOUNDATION INC.

30-0481558

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

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.

1 a 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 make 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 program
- 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.

1 a 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:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a 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 on 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments – Other Securities. N/A
 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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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, column (B) line 13.)		

Part IX Other Assets. N/A
 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

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

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	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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. N/A

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	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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.

PART X - FASB ASC 740 FOOTNOTE

THE SAMARITAN INN FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE CODE AND IS NOT PRIVATE FOUNDATION AS DEFINED IN THE CODE. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER CODE SECTION 511. THE ORGANIZATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AS OF SEPTEMBER 30, 2023. THEREFORE, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO SIGNIFICANT UNCERTAIN TAX

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

POSITIONS FOR THE YEAR ENDED SEPTEMBER 30, 2023.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2022

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.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAMARITAN INN FOUNDATION INC.

Employer identification number

30-0481558

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | | |
|--|--|-----------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | PART III |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | |

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:

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- | | | |
|------------------------------------|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- | | | |
|------------------------------------|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 RICK CROCKER-THRU 10/2022 CEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	184,650.	40,897.	0.	0.	225,547.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

EXECUTIVE COMPENSATION IS ESTABLISHED BY THE RELATED ORGANIZATION BY THE
COMPENSATION COMMITTEE, COMPENSATION SURVEY AND APPROVAL BY THE BOARD OR
COMPENSATION COMMITTEE.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

SAMARITAN INN FOUNDATION INC.

Employer identification number

30-0481558

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

THE SAMARITAN INN WAS FOUNDED IN 1984 BY THE COLLIN COUNTY MINISTERIAL ALLIANCE. RECOGNIZING THE NEED TO HELP PEOPLE EXPERIENCING HOMELESSNESS, COMMUNITY SUPPORTERS OPENED A 10 BED EMERGENCY SHELTER FOR MEN. AS THE COMMUNITY GREW, MANY WOMEN AND FAMILIES SOUGHT HELP AT THE SAMARITAN INN AND THE SHELTER EXPANDED THE NUMBER OF BEDS AND ADDED A NEW WING FOR WOMEN AND CHILDREN.

CURRENTLY, OUR SHELTER HAS A CAPACITY OF 226 PEOPLE, TYPICALLY WITH 110 ADULTS AND 70 CHILDREN.

IN OVER 30 YEARS OF SERVICE, WE ARE PROUD TO HAVE DEVELOPED A COMPREHENSIVE APPROACH TO ENDING HOMELESSNESS. WITH PROFESSIONAL CASE WORKERS AND COUNSELORS ON STAFF, PERSONALIZED PLANS THAT TEACH LIFE-SKILLS AND THE BASICS OF SELF-SUFFICIENCY ARE DEVELOPED FOR EACH RESIDENT WITH GOALS AND OUTCOMES MEASUREMENTS IN AN EFFORT TO HELP PEOPLE RETURN TO INDEPENDENCE.

OUR THRIFT STORE (RE-SALE SHOP) WAS ESTABLISHED TO ASSIST THE INN'S RESIDENTS WITH CLOTHING OR HOUSEHOLD NEEDS USING AN INTERNAL VOUCHER SYSTEM. WE ALSO SELL DIRECTLY TO THE GENERAL PUBLIC. SALES ARE COMPOSED OF DONATIONS MADE FROM THE PUBLIC THAT PRIMARILY RESIDE IN COLLIN COUNTY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS REVIEWED BY THE BOARD'S INTERNAL AFFAIRS COMMITTEE AND REVIEWED AGAIN BY THE SAMARITAN INN BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EVERYONE WHO BECOMES EMPLOYED AT THE SAMARITAN INN MUST SIGN A "CONFLICT OF INTEREST ACKNOWLEDGEMENT/DISCLOSURE FORM" STATING THAT THEY HAVE READ THE POLICY AND WILL

Name of the organization

SAMARITAN INN FOUNDATION INC.

Employer identification number

30-0481558

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

ABIDE BY IT. IF EMPLOYED BY THE SAMARITAN INN, ALL SUPPLEMENTAL EMPLOYMENT MUST BE APPROVED BY THE EXECUTIVE DIRECTOR. ONCE A YEAR THE EMPLOYEE CHART IS UPDATED AND REVIEWED AT WHICH TIME ANY CONFLICT OF INTEREST IS ALSO INVESTIGATED. THE BOARD OF DIRECTORS REVIEWS AND SIGNS "CONFLICT OF INTEREST ACKNOWLEDGEMENT/DISCLOSURE FORM" ANNUALLY. ALSO, WHEN SAMARITAN INN IS CALLED AS A REFERENCE FOR "ADDITIONAL" EMPLOYMENT, THIS TRIGGERS A REVIEW OF THE JOB DESCRIPTION BEING SOUGHT AGAINST THE SAMARITAN INN'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS HAS A COMMITTEE TO REVIEW WHAT IS "FAIR MARKET SALARY" WHEN IT COMES TO COMPARING THIS ORGANIZATION TO OTHERS OF EQUAL SIZE WITHIN THE SURROUNDING COMMUNITIES. IT IS FROM THESE FINDINGS THAT A RECOMMENDATION FOR SALARY COMPENSATION IS BROUGHT FORWARD FOR MANAGEMENT OFFICIALS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR USES THE SAME PROCESS AS THE BOARD OF DIRECTORS FOR DETERMINING COMPENSATION FOR OTHER KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY VISITING THE SAMARITAN INN'S WEBSITE OR UPON REQUEST. IT ALSO DISTRIBUTES THE FINANCIAL STATEMENTS TO GRANTS APPLICATIONS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
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.

OMB No. 1545-0047

2022

Open to Public Inspection

SAMARITAN INN FOUNDATION INC.

Employer identification number

30-0481558

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
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) THE SAMARITAN INN, INC 1725 N MCDONALD ST MCKINNEY, TX 75071 75-1984285	HOMELESS SHELTER/THRIFT STORE	TX	501 (C) 3	7	N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

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

CLIENT SAM10-F

SAMARITAN INN FOUNDATION INC.

30-0481558

7/08/24

5:24 PM

	2022	2021	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	0	400,000	-400,000
INVESTMENT INCOME.....	156,662	149,904	6,758
TOTAL REVENUE.....	156,662	549,904	-393,242
EXPENSES			
TOTAL EXPENSES.....	0	0	0
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	156,662	549,904	-393,242
TOTAL ASSETS AT END OF YEAR.....	3,786,614	3,428,111	358,503
TOTAL LIABILITIES AT END OF YEAR.....	0	0	0
NET ASSETS/FUND BALANCES AT END OF YEAR.	3,786,614	3,428,111	358,503