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Form '990-PF

EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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

OMB No 1545-0052

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

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

<u> </u>	or c	alendar year 2016 or tax year beginning		, and ending	<u> </u>	
_	Naп	ne of foundation			A Employer identification	number
	S	AMARITAN HOUSING FOUNDATIO	31-1644805			
_		ber and street (or P O box number if mail is not delivered to street add	Room/suite	B Telephone number		
-		7001 SEARSTONE DRIVE			866-261-18	14
		or town, state or province, country, and ZIP or foreign pos ARY, NC 27513	stal code		C If exemption application is po	ending, check here
-	C	heck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	, check here
		Final return	Amended return		2	
_		Address change	Name change		2 Foreign organizations me check here and attach co	nputation
ŀ	1 C	heck type of organization: X Section 501(c)(3) exe			E If private foundation sta	
-	<u> </u>		Other taxable private founda		under section 507(b)(1)	(A), check here
ı		ir market value of all assets at end of year J Accounting	=	X Accrual	F If the foundation is in a	
		om Part II, col. (c), line 16) \$ 141,957,826 • (Part I, colum	ner (specify)	acic)	under section 507(b)(1)	(B), check here
ſ		rt Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
L		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	710.			
	- {	2 Check X if the foundation is not required to attach Sch. B				
		3 Interest on Savings and temporary cash investments	160,751.	160,751.		STATEMENT 1
	-	4 Dividends and interest from securities				
	-	5a Gross rents RECEIVES b Net rental income-ort(IOSS)		 		<u> </u>
		b Net rental income-or (1655)				
	왕	or ust dan or (idaa) hour day of magera not on me to		······································		
	evenue	7 Capital gain net income (from Part IV- line 2)		0.		
	쮬	8 Net short-term capital gain			0.	
	- 1	9 Income modifications				
	ł	Gross sales less returns and allowances 50,245.				STATEMENT 2
	- }	b Less Cost of goods sold	50 045		F 0 0 4 F	
	ł	c Gross profit or (loss)	50,245.	0.	50,245.	STATEMENT 3
	- [11 Other income	10,267,084.	160,751.	10,267,084.	STATEMENT 3
-	\dashv	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	243,200.	0.	0.	243,200.
		14 Other employee salaries and wages	3,184,500.	0.	3,184,500.	0.
	}	15 Pension plans, employee benefits	430,900.	0.	430,900.	0.
	S	16a Legal fees STMT 4	62,291.	0.	62,291.	0.
	Expense	b Accounting fees STMT 5	95,580.	0.	95,580.	0.
	찖	c Other professional fees STMT 6	1,420,382.	<u> </u>	1,420,382.	0.
2017	<u>ş</u>	17 Interest	5,527,099.	0.	2,986,547.	2,540,552.
22	ministrative	18 Taxes STMT 7	292,230.	0.	0.	0.
(C)	inis	19 Depreciation and depletion	4,017,087.	0.	620,560.	, , , , , , , , , , , , , , , , , , ,
JUN 29		20 Occupancy 21 Travel, conferences, and meetings	18,808.	0.	18,808.	0.
S			10,0001		10,000.	``
_	gand	23 Other expenses STMT 8	1,497,761.	0.	1,497,761.	0.
	ati.	23 Other expenses STMT 8 24 Total operating and administrative expenses Add lines 13 through 23				
¥	eri	expenses Add lines 13 through 23	17,410,398.	0.	10,317,329.	2,783,752. 512,542.
3	Ō	25 Contributions, gifts, grants paid	512,542.			512,542.
CANNED		26 Total expenses and disbursements.	17 000 040	•	10 215 202	2 205 224
-		Add lines 24 and 25	17,922,940.	0.	10,317,329.	3,296,294.
		27 Subtract line 26 from line 12;	-7,444,150.		 	
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	/,444,130.	160,751.		
		C Adjusted net income (if negative, enter -0-)			0.	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

623511 11-23-16

Add lines 1, 2, and 3

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains ar	nd Losses for Tax on In	vestment	Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						ed ((c) Date ((mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a ·	╁	Bonation							
b NON:	E								
C									
d									
<u>e</u>				<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			<u> </u>		ain or (loss (f) minus (
a		<u> </u>							
<u>b</u>									
<u>c</u>		ļ							
<u>d</u>									
Complete only for assets showing	gain in column (b) and owned by	the foundation	on 12/31/60				0	-1 (-)	
Complete only for assets showing	(j) Adjusted basis	T						ol. (h) gain iot less thai	
(i) F.M.V. as of 12/31/69	as of 12/31/69		cess of col. (1)					(from col. (
			(),,						
<u>a</u>									
<u>b</u>		 							
d		 -							
e									
	∫ If gain, also ente	r in Dart I. line	7	7					
2 Capital gain net income or (net capi		r in Part I, line 1- in Part I, line	7	 	2				
, , ,			•						
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		iu (0).		J]				
If (loss), enter -0- in Part I, line 8				_ j^	3				
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inve	estment	Incor	ne		
f section 4940(d)(2) applies, leave this Nas the foundation liable for the sectio f "Yes," the foundation does not qualify Enter the appropriate amount in ear	in 4942 tax on the distributable amy under section 4940(e) Do not co	mplete this pa	rt.						Yes X No
(a)		- ISTUUCTIONS DE	ore making any e						(d)
Base period years Calendar year (or tax year beginning			Net value of no		rıtable-use a				oùtion ratio ided by col. (c))
2015		<u>2,956.</u>			<u>,433,</u>				.813767
2014		6,577.			<u>,870,8</u>				1.332338
2013		9,917.		<u>21</u>	,410,8		 		.082665
2012	4	6,588.				0.	-		.000000
2011							 		
									0 0000
2 Total of line 1, column (d)							2		2.228770
3 Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of ye	ars				E E E 1 0 0
the foundation has been in existenc	e if less than 5 years						3		.557193
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5						4	1	3,271,284.	
5 Multiply line 4 by line 3						5		7,394,667.	
6 Enter 1% of net investment income (1% of Part I, line 27b)						6	<u> </u>	1,608.	
7 Add lines 5 and 6							7		7,396,275.
8 Enter qualifying distributions from I	Part XII, line 4						8		3,296,294.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ıg a 1	% tax rate.				
623521 11-23-16								F	orm 990-PF (2016

Form 990-PF (2016) SAMARITAN HOUSING FOUNDATION, II	NC.	31-1644	805		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a		948 - see in	struc	tions	s)
1a Exempt operating foundations described in section 4940(d)(2), check here and ente	_	j j			Ì
Date of ruling or determination letter: (attach copy of letter if neces					الت
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►	and enter 1%				0.
of Part I, line 27b		} }			1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		<u> </u>			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	s enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Othe	rs enter -U-)	-4 			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			-0.
6 Credits/Payments	a. 1	\$ <u> </u>			1
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a				
 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 	6b 6c	1 1			
d Backup withholding erroneously withheld	6d	{			
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	hed	8			<u> </u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislati	on-or-did-it-participate-or-intervene	ın-		Yes	No-
any political campaign?		•	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	(see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials publish	ed or			
distributed by the foundation in connection with the activities	· ·			1	
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye					İ
(1) On the foundation. ► \$ O . (2) On foundation managers. ►		-		}	ļ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditur	e tax imposed on foundation				
managers. ► \$0.	_				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	,	l.	2		X
If "Yes," attach a detailed description of the activities.				ļ	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing inst	rument, articles of incorporation, o	ĺ	-	}	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			3		$\frac{\Lambda}{X}$
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4a		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		21,721	4b 5	-	X
If "Yes," attach the statement required by General Instruction T.			+	-+	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eithe	r:			ĺ	
By language in the governing instrument, or				1	
By state legislation that effectively amends the governing instrument so that no mandatory d	rections that conflict with the state	law		1	
remain in the governing instrument?			6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Part II, col (c), and Part XV		7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)) >				
GA, NC				1	1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	rney General (or designate)		\bot		
of each state as required by General Instruction G? If "No," attach explanation		Ì	8ь	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section		ndar		\	
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," con	•		9	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule li	isting their names and addresses		10	1	X
		Fore	ո 990 -	-PF (2016)

14410619 797738 311644805

Form 990-PF (2016) SAMARITAN HOUSING FOUNDAT			31-164480	05 Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired _{(contin}	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Yo	es X No	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry-on, directly or-indire	ectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Yo	es X No	1 1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? (see instructions)		Yo	es X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?			s X No	-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i			1 1
section 53.4945 or in a current notice regarding disaster assistance (see instruc		0	N/A	ib i
Organizations relying on a current notice regarding disaster assistance check he	•		▶┌┐┌	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		ned		111
expenditure responsibility for the grant?		7/3	es No	
If "Yes," attach the statement required by Regulations section 53 4945-		.,	"	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				
a personal benefit contract?	ay premiums on		es X No	
·	propert handst contract?	11		Sb X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a per	ersonal benefit contract?		⊢•	<u> </u>
If "Yes" to 6b, file Form 8870.	halter transaction?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y6		
b If "Yes," did the foundation receive any proceeds or have any net income attributed and the foundation About Officers, Directors, Truste		agoro Highly	N/A /	b
Paid Employees, and Contractors	es,_roundation_iviai	iagers,-migniy-		
List all officers, directors, trustees, foundation managers and their c	ompensation			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	<u>enter -0-)</u>	compensation	allowances
			1	
CEE COMMEND 12		242 200	00 404	0
SEE STATEMENT 13		243,200.	29,404.	0.
		 		
			ĺ	
			1	
			L	
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) Contributions to	() F
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(-)	compensation	allowances
NONE				
	<u> </u>			
,				
		<u> </u>		
			ĺ	
			ĺ	
Total number of other employees paid over \$50,000				0
			Form 9	990-PF (2016)

Summary of Program-Related Investments of largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoun
/A	
am-related investments. See instructions.	

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domesti	c foundations must complete this part. For	oreign foundations,	see instructions)
1 Fair market value of assets not used (or held for use) directly in carr	ying out charitable, etc., purposes:		
a Average monthly fair market value of securities		1a	16,512,134.
b Average of monthly cash balances		1b	3,439,203.
c Fair market value of all other assets		1c	14,795,834.
d Total (add lines 1a, b, and c)		1d	34,747,171.
e Reduction claimed for blockage or other factors reported on lines 1a	a and		
1c (attach detailed explanation)	1e	0.	
2 Acquisition indebtedness applicable to line 1 assets		2	21,273,786.
3 Subtract line 2 from line 1d		3	13,473,385.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (fo	r greater amount, see instructions)	4	202,101.
5 Net value of noncharitable-use assets Subtract line 4 from line 3.	Enter here and on Part V, line 4	5	13,271,284.
6 Minimum investment return. Enter 5% of line 5		6	663,564.
Part XI Distributable Amount (see instructions) (Sec foreign organizations check here ► X and do not continue.)		ndations and certain	
1 Minimum investment return from Part X, line 6		1	
2a Tax on investment income for 2016 from Part VI, line 5	2a		
b Income tax for 2016. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c	
3 Distributable amount before adjustments. Subtract line 2c from line	1	3	
4 Recoveries of amounts treated as qualifying distributions			
5 Add lines 3 and 4		5	
6 Deduction from distributable amount (see instructions)		6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter	here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish ch	arıtable, etc., purposes.		
a Expenses, contributions, gifts, etc total from Part I, column (d), Iir		1a	3,296,294.
b Program-related investments - total from Part IX-B		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in car	rying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a Suitability test (prior IRS approval required)		3a	
b Cash distribution test (attach the required schedule)		3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and or	n Part V, line 8, and Part XIII, line 4	4	3,296,294.
5 Foundations that qualify under section 4940(e) for the reduced rate	of tax on net investment	<u> </u>	
income Enter 1% of Part I, line 27b		5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	3,296,294.
Note: The amount on line 6 will be used in Part V, column (b), in su	bsequent years when calculating whether the f	oundation qualifies for	the section
4040(a) reduction of tay in those years		-	

		N/A		
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7			ļ .	
Undistributed income if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years:				
		1		
Excess distributions carryover, if any, to 2016:		···		
a From 2011		1		ı
b From 2012		1		
c From 2013		Ì	1	
d From 2014		1		
e From 2015				
		[Į.	
f Total of lines 3a through e				
Qualifying distributions for 2016 from				1
Part XII, line 4: ► \$		1		
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
<u>years (Election required - see instructions)</u>				
c Treated as distributions out of corpus				
(Election required - see instructions)				<u> </u>
d Applied to 2016 distributable amount	_ 			
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2016				
(If an amount appears in column (d) the same amount must be shown in column (a))				
Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract		1		
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2015. Subtract line				· · · · · · · · · · · · · · · · · · ·
4a from line 2a. Taxable amount - see instr.		}		
f Undistributed income for 2016. Subtract	· · · · · · · · · · · · · · · · · · ·			
lines 4d and 5 from line 1. This amount must]		
be distributed in 2017		i		
Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			[
section 170(b)(1)(F) or 4942(g)(3) (Election		Į.		
may be required - see instructions)			 	
Excess distributions carryover from 2011		1		
not applied on line 5 or line 7		-		
Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
Analysis of line 9:		- }		
a Excess from 2012				
b Excess from 2013			}	
c Excess from 2014]	
d Excess from 2015			1	
e Eyress from 2016				

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During the	If real part to an industrial	rayment		
Recipient	show any relationship to	Foundation	Purpose of grant or contribution	Δm
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
		l _{is}		
		ľ		
		1		
CHOLARSHIPS TO INDIVIDUALS		J _{II}		F0(
		 		500
NAMES OF STREET			}	
UTHERAN SERVICES CAROLINAS O. BOX 947	NONE	501(C)(3)	OPERATIONAL SUPPORT	
ALISBURY, NC 28145-0947				512,042
		1		
	 	 	_	
Total			▶ 3a	512,542
b Approved for future payment				
NONE		}	}	
		 	 	
		 	 	
Total			▶ 3b	0

Part XVI-A	Analysis of Income-Producing A	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e) - == =		
·	(a) Business	(b)	Exclu-	(d)	Related or exempt		
1 Program service revenue:	Business	Amount	sion code	Amount	function income		
a PATIENT SERVICE REVENUE					9,056,892.		
AMORTIZATION OF ADVANCE					- 1		
c FEES					846,835.		
d RESIDENT SERVICES			_		363,357.		
e							
1							
g Fees and contracts from government agencies	l ——						
2 Membership dues and assessments			_				
3 Interest on savings and temporary cash							
investments	}		14	160,751.			
4 Dividends and interest from securities			+				
5 Net rental income or (loss) from real estate:							
a Debt-financed property			+				
b Not debt-financed property							
6 Net rental income or (loss) from personal	F		_				
property	1						
7 Other investment income							
8 Gain or (loss) from sales of assets other		<u> </u>					
than inventory]		- } - }				
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory			18	50,245.			
11 Other revenue:			- 				
a	ļ .						
b							
d	1	 	_				
е							
12 Subtotal. Add columns (b), (d), and (e)		(5.	210,996.	10,267,084.		
13 Total Add line 12, columns (b), (d), and (e)				13	10,478,080.		
(See worksheet in line 13 instructions to verify calc <u>ul</u> ation <u>s.)</u>							

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes	
rait Avi-Di	neignoriality of Activities to the Accomplishment of Exempt Fulboses	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of													
	the foundation's exempt purposes (other than by providing funds for such purposes). THE PROGRAM SERVICES REVENUES ARE THE PRIMARY MEANS BY WHICH THE													
1	THE	PROGRAM	SERVIC	ES REVE	NUES	ARE	THE	PR.	MARY	MEANS	BY	WHICH	THE	
	ORGA	OITAZIM	N ACCOM	PLISHED	ITS	MISS	ION	BY	OPER	ATING	THE	CONTI	NUING	CARE
	RETI	REMENT	COMMUNI	ry.										
	<u> </u>													
	L													
	<u> </u>													
	<u> </u>		-						·					
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				JNDATION, INC			44805	Pa	age 13
Part :	XVII Information Re Exempt Organ		sfers To a	nd Transactions a	nd Relationsl	nips With Nonch	aritable		
Did	the organization directly or indi	rectly engage in any o	of the followin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
	Code (other than section 501(c)								
	nsfers from the reporting found	· · · · · · · · · · · · · · · · · · ·					- 1	1	ļ
	Cash		, ,				1a(1)		х
	Other assets						1a(2)		X
	er transactions:								
	Sales of assets to a noncharita	ble exempt organizat	ion				1b(1)		X
	Purchases of assets from a no	· -					1b(2)		Х
	Rental of facilities, equipment,	,	3				1b(3)		Х
	Reimbursement arrangements						1b(4)		х
	Loans or loan guarantees						1b(5)		х
	Performance of services or me	mbership or fundrais	sıng solicitatio	ns			1b(6)		Х
	aring of facilities, equipment, ma						1c		X
	ne answer to any of the above is				wavs show the fair i	market value of the goo		ets.	
	services given by the reporting f							,	
	umn (d) the value of the goods,				•	J	,		
(a) Line n	o (b) Amount involved	(c) Name of	f noncharitable	exempt organization	(d) Description	n of transfers, transactions,	and sharing arra	angemen	ıts
			N/A						
									==
	he foundation directly or indirected section 501(c) of the Code (othe	•		. •	izations described		Yes	X	No
	Yes," complete the following sch								
	(a) Name of or			(b) Type of organization		(c) Description of relat	onship		
	N/A								
						· · · · · · · · · · · · · · · · · · ·			
	Under penalties of perjury, I declare						May the IRS o	iscuss th	nis
Sign	and belief, it is true, correct, and cor	nplete Declaration of pre	parer (other than	taxpayer) is based on all informa	ation of which preparer f	nas any knowledge	return with the shown below	prepare	er
Here	MAKE			106/21/2017	CFO		X Yes		No
	Signature of officer or trustee			Date	Title		<u> </u>		
-	Print/Type preparer's n	ame	Preparer's s	ignature	Date	Check If P	IN		
			1	R.	}	self- employed			
Paid	AMY BIBBY		Samy	Dilela.	06/19/17		00445		
Prep	arer Firm's name ► DIX	ON HUGHES	GOODM	AN LLP		Firm's EIN ► 56	07479	81	

(828) 254-2254

Use Only

Phone no.

Firm's address ▶ 500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

FORM 990-PF INTEREST ON SAVINGS	AND TEMPORARY	CASH INVESTMENTS	STATEMENT 1
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	160,751.	160,751.	0.
TOTAL TO PART I, LINE 3	160,751.	160,751.	0.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 2
INCOME		
2. RETURNS AND ALLOWAY		0,2 4 5 50,2 4 5
4. COST OF GOODS SOLD 5. GROSS PROFIT (LINE	(LINE 15)	50,245
6. OTHER INCOME		
7. GROSS INCOME (ADD I	LINES 5 AND 6)	50,245
9. MERCHANDISE PURCHAS0. COST OF LABOR	<u> </u>	
1. MATERIALS AND SUPPI 2. OTHER COSTS 3. ADD LINES 8 THROUGH		
L4. INVENTORY AT END OF L5. COST OF GOODS SOLD	F YEAR (LINE 13 LESS LINE 14)	

FORM 990-PF	OTHER I	NCOME	<u> </u>	TATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PATIENT SERVICE REVENUE AMORTIZATION OF ADVANCE FEES RESIDENT SERVICES		9,056,892. 846,835. 363,357.	0. 0. 0.	9,056,892 846,835 363,357
TOTAL TO FORM 990-PF, PART I,	LINE 11	10,267,084.	0.	10,267,084
FORM 990-PF	LEGAL	FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
LEGAL FEES	62,291.	0	62,291.	0
TO FM 990-PF, PG 1, LN 16A =	62,291.	0	62,291.	0
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ACCOUNTING FEES	95,580.	0	95,580.	0
TO FORM 990-PF, PG 1, LN 16B	95,580.	0	95,580.	0.
FORM 990-PF O	THER PROFES	SIONAL FEES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
CONTRACT SERVICES	1,420,382.	0	1,420,382.	0 .
TO FORM 990-PF, PG 1, LN 16C	1,420,382.	0	1,420,382.	0.
= 10 101M 250 11, 16 1, M 10C			= =====================================	-

FORM 990-PF	TAX	TAXES S			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	292,230.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	292,230.	0.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING OFFICE EXPENSE	185,857. 494,774.		185,857. 494,774.	0.	
INFORMATION TECHNOLOGY	144,589.		144,589.	0.	
CONFERENCES EXPENSE	16,674.	0.	16,674.	0.	
INSURANCE	116,286.		116,286.	0.	
RESIDENT EXPENSE	499,949.		499,949.	0.	
MISCELLANEOUS	39,632.	0.	39,632.	0.	
TO FORM 990-PF, PG 1, LN 23	1,497,761.	0.	1,497,761.	0.	

FORM 990-PF OTHER INCREASES IN NET ASS	ETS OR FUND BALANCE	ES STATEMENT 9
DESCRIPTION		AMOUNT
CHANGE IN FUTURE SERVICE OBLIGATION		9,723,393.
TOTAL TO FORM 990-PF, PART III, LINE 3		9,723,393.
FORM 990-PF CORPORAT	E STOCK	STATEMENT 10
DESCRIPTION	BOOK VAI	FAIR MARKET LUE VALUE
ASSETS LIMITED TO USE	14,208	,680. 14,208,680.
TOTAL TO FORM 990-PF, PART II, LINE 10B	14,208	,680. 14,208,680.

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OTHER RECEIVABLES DEFERRED MARKETING COSTS DEFERRED FINANCING COSTS ACCRUED INTEREST RECEIVABLE	1,855,267. 9,164,433. 3,032,670. 10,397.	1,803,177. 8,247,990. 3,610,413. 5,960.	1,803,177 8,247,990 3,610,413 5,960
TO FORM 990-PF, PART II, LINE 15	14,062,767.	13,667,540.	13,667,540
FORM 990-PF OT	HER LIABILITIES		STATEMENT 12
FORM 990-PF OT DESCRIPTION	HER LIABILITIES	BOY AMOUNT	STATEMENT 12 EOY AMOUNT
	HER LIABILITIES	BOY AMOUNT 2,028,524. 64,518,035. 11,143,097. 2,034,507. 72,189,505. 29,339,010.	

FORM 990-PF PART VIII - I TRUSTEES A	LIST OF OFFICERS, DAND FOUNDATION MANA				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
STANLEY BRADING 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	PRESIDENT 25.00	243,200.	29,404.	0.	
REV. LUTHER BREWER 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0 .	
LINDA COLEMAN 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0	
DARRYL MILLS 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0	
JAMES PIERCE, CPA 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00-	0.	0.	0	
MACK LEATH 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0	
CHARLES H. HENDERSON 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0 .	
CHUCK NORMAN 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0	
MARC HEWITT 1201 WEST PEACHTREE STREET ATLANTA, GA 30309	DIRECTOR 2.00	0.	0.	0 .	
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	243,200.	29,404.	0.	

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY ONE

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

DURING 2016, SEARSTONE CONTINUED ITS EFFORTS TO PROVIDE AN EXCEPTIONAL LIVING ENVIRONMENT FOR ALL OF ITS RESIDENTS BASED ON THE OBJECTIVES IN ITS MISSION STATEMENT. THIS INCLUDED SERVICES IN THE INDEPENDENT, ASSISTED, AND SKILLED LIVING LEVELS OF CARE. SEARSTONE ALSO STRIVED TO ESTABLISH ITSELF IN THE LOCAL COMMUNITY AS A VIBRANT PLACE TO LIVE AND FLOURISH. WITH MANY RESIDENTS BEING INVOLVED IN VOLUNTEER EFFORTS THROUGHOUT THE AREA.

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

EXPENSES

17,410,898.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

ACTIVITY TWO

AT THE END OF 2016, SEARSTONE WAS THE NEW, PERMANENT HOME FOR 261 RESIDENTS. DURING 2016, SEARSTONE MADE CONTRIBUTIONS OF \$512,042 TO LUTHERAN SERVICES CAROLINAS. THESE DONATIONS WERE FOR DISTRIBUTION TO MULTIPLE NON-PROFITS IN THE COMMUNITY WHICH OFFERED SERVICES TO THE ELDERLY, AND/OR LESS FORTUNATE RESIDENTS OF THE COMMUNITY.

EXPENSES

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

512,042.