

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , and ending

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

C Name of organization: **SAMARITAN COUNSELING CENTER**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1803 OREGON PIKE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LANCASTER PA 17601-6401**

D Employer identification number: **23-2467315**  
 E Telephone number: **717-560-9969**  
 G Gross receipts \$: **2,117,130**

F Name and address of principal officer:  
**JANE DUTTON**  
**1803 OREGON PIKE**  
**LANCASTER PA 17601**

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

J Website: **WWW.SCCLANC.ORG**  
 H(c) Group exemption number **u**

K Form of organization:  Corporation  Trust  Association  Other **u**  
 L Year of formation: **1987**  
 M State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>				
	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	19		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	38		
	6 Total number of volunteers (estimate if necessary)	6	140		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	733,812	Current Year	712,991
	9 Program service revenue (Part VIII, line 2g)		1,149,136		1,369,107
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,517		8,582
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,239		17,868
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,886,704		2,108,548
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,173,410		1,288,621
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 200,579				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		439,142		488,928	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,612,552		1,777,549	
19 Revenue less expenses. Subtract line 18 from line 12		274,152		330,999	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	1,531,161	End of Year	1,738,089
	21 Total liabilities (Part X, line 26)		187,142		69,391
	22 Net assets or fund balances. Subtract line 21 from line 20		1,344,019		1,668,698

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: **JANE DUTTON** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

Paid Preparer Use Only: Print/Type preparer's name: **LAURA A. BENDER, CPA** Preparer's signature: **LAURA A. BENDER, CPA** Date: \_\_\_\_\_ Check  if self-employed PTIN: **P01207333**

Firm's name: **BERTZ, HESS & CO., LLP** Firm's EIN: **23-1709427**  
 Firm's address: **36 EAST KING ST LANCASTER, PA 17602** Phone no.: **717-393-0767**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

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

4a (Code: ) (Expenses \$ 844,450 including grants of \$ ) (Revenue \$ 997,579 )

SAMARITAN COUNSELING CENTER'S PRIMARY SERVICE IS THE PROVISION OF COUNSELING TO INDIVIDUALS, FAMILIES, CHILDREN, ADOLESCENTS AND COUPLES. IN 2015, SAMARITAN PROVIDED NEARLY 12,000 HOURS OF COUNSELING AND ADDED NEARLY 1,388 NEW CLIENTS TO THE HUNDREDS OF CLIENTS WHO CONTINUED IN COUNSELING SERVICES

4b (Code: ) (Expenses \$ 167,938 including grants of \$ ) (Revenue \$ 84,428 )

SAMARITAN ALSO PROVIDES SERVICES IN SUPPORT OF COMMUNITY CLERGY AND CONGREGATIONS. SERVICES TO CLERGY INCLUDE INDIVIDUAL COACHING, GROUP COACHING, AND TRAINING SEMINARS RELATED TO UNDERSTANDING HOW TO SUPPORT POSITIVE RELATIONSHIPS AND MENTAL HEALTH WITHIN THEIR CONGREGATIONS. SERVICES TO THE BROADER CONGREGATION CONSIST OF CONSULTATION ON VARIOUS LEADERSHIP AND STRUCTURE TOPICS, AND TRAINING RELATED TO CREATING A SAFE ENVIRONMENT (I.E., SAFETY FROM SEXUAL ABUSE OR DOMESTIC VIOLENCE) FOR ALL CONGREGANTS.

4c (Code: ) (Expenses \$ 20,943 including grants of \$ ) (Revenue \$ 35,828 )

IN ADDITION, SAMARITAN PROVIDES PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENT AND TESTING SERVICES. THE MINISTERIAL ASSESSMENT PROGRAM ASSISTS BOTH ACTIVE CLERGY AND THOSE CONSIDERING SEMINARY TO EVALUATE THEIR PERSONALITY AND SKILL MATCH WITH THIS PROFESSION. SAMARITAN PROVIDES MENTAL HEALTH SCREENING FOR TEENS IN LOCAL, MIDDLE AND HIGH SCHOOLS THROUGH ITS TEENHOPE PROGRAM. OTHER TESTING SERVICES ASSESS FOR THE PRESENCE OF A MENTAL HEALTH DISORDER, COGNITIVE IMPAIRMENT, LEARNING DISABILITY OR ATTENTION DEFICIT. THESE SERVICES ARE AVAILABLE TO ALL AGE GROUPS.

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

(Expenses \$ 183,522 including grants of \$ ) (Revenue \$ 251,272 )

4e Total program service expenses u 1,216,853

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b>	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? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.	<b>19</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>19</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>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 **u PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**DAVID BRUCE**  
**LANCASTER**  
**1803 OREGON PIKE**

**PA 17601-6401 717-560-9969**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD F. STEWART	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) CATHY E. RINTZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) DON HESS	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) DOUG GOOD	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) GEORGE ZOOK	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) J. CLAIR HESS, MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) JULIA M. SCHROCK ROSENFELD	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) WESLEY NEUMANN	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) WILLIAM S. YOUNG	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) GINNY KLEPPINGER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MARY EDITH LEICHLITER	1.00									
DIRECTOR	0.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MARY MISKEY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>DARLENE K KING</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>ROBERT THOMAS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>NICK PAULUKOW</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>DAVID SHENK</b>	2.00									
VICE CHAIRMAN	0.00			X			0	0	0	
(17) <b>JANET CARROLL</b>	2.00									
SECRETARY	0.00			X			0	0	0	
(18) <b>PAM REIST, PASTOR</b>	2.00									
CHAIRMAN	0.00			X			0	0	0	
(19) <b>JANE DUTTON</b>	2.00									
TREASURER	0.00			X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 **u 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>712,991</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>89,268</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>712,991</b>			
<b>Program Service Revenue</b>	<b>2a</b> COUNSELING/CONSULTING	Busn. Code	<b>1,369,107</b>	<b>1,369,107</b>		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>1,369,107</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>8,582</b>			<b>8,582</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	<b>13,393</b>			
	<b>b</b> Less: direct expenses	<b>b</b>	<b>8,336</b>			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	<b>5,057</b>			<b>5,057</b>
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	<b>9,336</b>			
<b>b</b> Less: direct expenses	<b>b</b>	<b>246</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>	<b>9,090</b>			<b>9,090</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue	Busn. Code					
<b>11a</b> MISCELLANEOUS INCOME		<b>3,721</b>	<b>3,721</b>			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>3,721</b>				
<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>2,108,548</b>	<b>1,372,828</b>	<b>0</b>	<b>22,729</b>	

**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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>1,198,916</b>	<b>862,702</b>	<b>246,665</b>	<b>89,549</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>89,705</b>	<b>56,736</b>	<b>26,537</b>	<b>6,432</b>
11 Fees for services (non-employees):				
a Management				
b Legal	<b>811</b>	<b>576</b>	<b>160</b>	<b>75</b>
c Accounting	<b>11,924</b>	<b>8,471</b>	<b>2,355</b>	<b>1,098</b>
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.)	<b>19,957</b>	<b>14,178</b>	<b>3,941</b>	<b>1,838</b>
12 Advertising and promotion	<b>4,555</b>	<b>4,555</b>		
13 Office expenses	<b>69,425</b>	<b>43,951</b>	<b>14,318</b>	<b>11,156</b>
14 Information technology	<b>19,723</b>	<b>14,011</b>	<b>3,895</b>	<b>1,817</b>
15 Royalties				
16 Occupancy	<b>32,017</b>	<b>22,036</b>	<b>6,418</b>	<b>3,563</b>
17 Travel	<b>2,924</b>	<b>215</b>	<b>2,650</b>	<b>59</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>2,499</b>		<b>2,499</b>	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>44,185</b>	<b>29,169</b>	<b>10,811</b>	<b>4,205</b>
23 Insurance	<b>18,249</b>	<b>5,442</b>	<b>12,022</b>	<b>785</b>
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSE</b>	<b>124,680</b>	<b>103,264</b>	<b>11,773</b>	<b>9,643</b>
b <b>FUND RAISING EXPENSES</b>	<b>64,168</b>			<b>64,168</b>
c <b>REPAIRS AND MAINTENANCE</b>	<b>35,203</b>	<b>22,960</b>	<b>8,623</b>	<b>3,620</b>
d <b>OUTSIDE SERVICES</b>	<b>16,501</b>	<b>16,501</b>		
e All other expenses	<b>22,107</b>	<b>12,086</b>	<b>7,450</b>	<b>2,571</b>
25 Total functional expenses. Add lines 1 through 24e	<b>1,777,549</b>	<b>1,216,853</b>	<b>360,117</b>	<b>200,579</b>
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
<b>Assets</b>	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	<b>411,645</b>	2 <b>219,668</b>
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	<b>85,311</b>	4 <b>116,459</b>
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	<b>1,400</b>	9 <b>1,400</b>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a 1,666,440</b>	
	b	Less: accumulated depreciation	<b>10b 471,705</b>	<b>10c 1,194,735</b>
	11	Investments—publicly traded securities	<b>109,534</b>	11 <b>191,731</b>
	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	<b>30,477</b>	15 <b>14,096</b>
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>1,531,161</b>	16 <b>1,738,089</b>	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	<b>187,142</b>	17 <b>39,391</b>
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 <b>30,000</b>
	26	<b>Total liabilities.</b> Add lines 17 through 25	<b>187,142</b>	26 <b>69,391</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	<b>1,210,905</b>	27 <b>1,481,906</b>
	28	Temporarily restricted net assets	<b>120,990</b>	28 <b>105,199</b>
	29	Permanently restricted net assets	<b>12,124</b>	29 <b>81,593</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	<b>Total net assets or fund balances</b>	<b>1,344,019</b>	33 <b>1,668,698</b>	
34	<b>Total liabilities and net assets/fund balances</b>	<b>1,531,161</b>	34 <b>1,738,089</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,108,548</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,777,549</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>330,999</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,344,019</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-6,320</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,668,698</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**SAMARITAN COUNSELING CENTER**

Employer identification number

**23-2467315**

**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 11, 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 or 990-EZ).)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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)						
<b>Total</b>						

**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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	314,563	323,827	814,582	733,812	712,991	2,899,775
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	314,563	323,827	814,582	733,812	712,991	2,899,775
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						2,899,775

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	314,563	323,827	814,582	733,812	712,991	2,899,775
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	697	574	740	2,517	8,582	13,110
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	865	816	443	1,239	3,721	7,084
<b>11 Total support.</b> Add lines 7 through 10						2,919,969

**12** Gross receipts from related activities, etc. (see instructions) 12 5,466,103

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.31 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	99.65 %

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** 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—2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? If "Yes," explain in <b>Part VI</b> 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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? If "Yes," then in <b>Part VI</b> <b>identify those supported organizations and explain</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2015 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b>	Distributable amount for 2015 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2015:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	From 2013 .....			
<b>e</b>	From 2014 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2015 distributable amount			
<b>i</b>	Carryover from 2010 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2015 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2015 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>	Excess from 2013 .....			
<b>d</b>	Excess from 2014 .....			
<b>e</b>	Excess from 2015 .....			

**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 DETAIL**

**MISCELLANEOUS INCOME** \$ 7,084

Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SAMARITAN COUNSELING CENTER

Employer identification number

23-2467315

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**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
<b>1a</b> Beginning of year balance .....	107,259	89,791	87,291	76,555	69,223
<b>b</b> Contributions .....	15,555	15,344	2,500	10,000	75,000
<b>c</b> Net investment earnings, gains, and losses .....	-236	2,124		736	-168
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	122,578	107,259	89,791	87,291	76,555

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 33.44 %
  - b** Permanent endowment **u** 66.56 %
  - c** Temporarily restricted endowment **u** \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes      | No       |
|--|----------|----------|
| <b>(i)</b> unrelated organizations ..... | <b>X</b> |          |
| <b>(ii)</b> related organizations .....  |          | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		1,666,440	471,705	1,194,735
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				1,194,735

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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) <b>LINE OF CREDIT</b>	<b>30,000</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>30,000</b>	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>2,110,810</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>-6,320</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>8,582</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>2,262</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>2,108,548</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>2,108,548</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>1,786,131</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>8,582</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>8,582</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,777,549</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>1,777,549</b>

**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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE CENTER'S INTENDED USE OF THE ENDOWMENT FUNDS ARE AS FOLLOWS: BOARD DESIGNATED ENDOWMENT IS FOR THE PURPOSE OF GENERATING A LONG TERM INVESTMENT FUND FOR THE FUTURE OF THE CENTER; PERMANENT ENDOWMENT IS FOR PERPETUAL FINANCIAL SUPPORT FOR THE CENTER; SILENT SAMARITANS ENDOWMENT IS TO ENSURE THAT THE MISSION OF WOMEN HELPING WOMEN CONTINUES INTO THE FUTURE; LCCF FUND IS HELD AT THE FOUNDATION FOR THE LONG TERM BENEFIT OF THE CENTER.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

FUNDRAISING EXPENSES	\$	8,336
GAMING EXPENSES	\$	246



**Part XIII Supplemental Information** (continued)

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ 8,336

GAMING EXPENSES \$ 246

Copy

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**SAMARITAN COUNSELING CENTER**

Employer identification number

**23-2467315**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
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	<b>X</b>	<b>3</b>	<b>70,146</b>	
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>SUPPLIES</b> )	<b>X</b>	<b>25</b>	<b>19,122</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

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

Copy

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**SAMARITAN COUNSELING CENTER**

Employer identification number

**23-2467315**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**  
**TO FOSTER HOPE AND HEALING THROUGH PROFESSIONAL COUNSELING, CONSULTATION,**  
**AND EDUCATION WHILE RESPECTING AND INTEGRATING PERSONAL AND SPIRITUAL**  
**VALUES. IT IS THE MISSION OF THE CENTER TO ENSURE ACCESS TO QUALITY**  
**PROFESSIONAL COUNSELING SERVICES WITHOUT REGARD FOR A PERSON'S ABILITY TO**  
**PAY FULL FEE.**

**FORM 990 - ORGANIZATION'S MISSION**  
**TO FOSTER HOPE AND HEALING THROUGH PROFESSIONAL COUNSELING, CONSULTATION**  
**AND EDUCATION WHILE RESPECTING AND INTEGRATING PERSONAL AND SPIRITUAL**  
**VALUES. IT IS THE MISSION OF THE CENTER TO ENSURE ACCESS TO QUALITY**  
**PROFESSIONAL COUNSELING SERVICES WITHOUT REGARD FOR A PERSON'S ABILITY TO**  
**PAY FULL FEE.**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**  
**DURING 2013, SAMARITAN EXPANDED THEIR OPERATIONS TO INCLUDE A BUSINESS**  
**CONSULTING COMPONENT FOCUSING ON ORGANIZATIONAL DEVELOPMENT, TRAINING AND**  
**COACHING FOR BUSINESSES AND CAREER PLANNING, CAREER ASSESSMENT AND**  
**OUTPLACEMENT SUPPORT SERVICES FOR INDIVIDUALS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**EMAILED TO DIRECTORS; REVIEWED AT BOARD MEETINGS; VOTED ON FOR APPROVAL**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
**REVIEWED BY THE EXECUTIVE DIRECTOR**

Name of the organization

Employer identification number

**SAMARITAN COUNSELING CENTER**

**23-2467315**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
REVIEWED BY THE PERSONNEL COMMITTEE AND APPROVED BY THE BOARD (IN THE CASE  
OF THE EXECUTIVE DIRECTOR)

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
PUBLISH AVAILABILITY THRU NEWSLETTER AND AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES	\$ 8,336
GAMING EXPENSES	\$ 246
FUNDRAISING EXPENSES	\$ -8,336
GAMING EXPENSES	\$ -246

Copy

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
1	PHONE SYSTEM - ADMIN	9/27/07	3,149				3,149	7	HY 200DB	3,149	0
2	FUNDRAISER PROF/WINDOWS	2/28/01	2,655				2,655	3	HY S/L	2,655	0
3	MEDISOFT NETWORKS SOFTWA	4/30/02	10,319			X	7,223	3	HY S/L	10,319	0
4	NOVELL UPGRADE	4/30/03	1,797			X	1,258	3	HY 200DB	1,797	0
5	NETPRO UPGRADE	5/28/03	2,504			X	1,252	3	HY 200DB	2,504	0
6	DONOR PERFECT	6/25/03	7,692			X	3,846	3	HY 200DB	7,692	0
7	ANTI VIRUS SOFTWARE	8/27/03	1,043			X	521	3	HY 200DB	1,043	0
8	MEDISOFT SOFTWARE	7/27/06	3,095				3,095	3	HY 200DB	3,095	0
9	MEDISOFT SOFTWARE	4/27/07	3,095				3,095	3	HY 200DB	3,095	0
10	LUDWIG CHAIRS	5/01/90	1,813				1,813	15	HY S/L	1,813	0
11	FULLY DEPR FURN & FIXTUR	1/01/89	999				999	15	HY S/L	999	0
12	CABINTRY-HURST PAINTERS	8/01/90	650				650	15	HY S/L	650	0
13	GOOD'S SOFA AND CHAIRS	1/01/90	1,193				1,193	15	HY S/L	1,193	0
14	LIBRARY TABLE	1/01/91	444				444	15	HY S/L	444	0
15	COMPUTER FURNITURE	4/01/91	2,016				2,016	15	HY S/L	2,016	0
16	CABINETS	6/01/90	2,740				2,740	15	HY S/L	2,740	0
17	SOFA & ROCKER	4/01/92	1,608				1,608	15	HY S/L	1,580	0
18	ARM CHAIRS	4/01/92	295				295	15	HY S/L	295	0
19	TABLE & CHAIRS	3/01/92	1,265				1,265	15	HY S/L	1,235	0
20	2 - FILE CABINETS	3/01/92	284				284	15	HY S/L	284	0
21	CHAIRS	5/01/92	473				473	15	HY S/L	473	0
22	FURNITURE - EPHRATA	5/01/93	1,585				1,585	15	HY S/L	1,569	0
23	FILE CABINET	8/01/93	212				212	15	HY S/L	212	0
24	FURNITURE	5/01/94	3,473				3,473	15	HY S/L	3,437	0
25	FILE CABINET	1/11/94	286				286	15	HY S/L	286	0
26	FURNITURE	4/17/96	1,433				1,433	15	HY S/L	1,433	0
27	LUDWIG OFFICE FURN	5/08/96	1,417				1,417	15	HY S/L	1,417	0
28	LUDWIG OFFICE FURN	3/18/99	2,752				2,752	10	HY S/L	2,752	0
29	LUDWIG OFFICE FURN	9/14/99	3,555				3,555	10	HY S/L	3,555	0
30	LUDWIG OFFICE FURN	2/28/00	499				499	10	HY S/L	499	0
31	IKEA OFFICE FURN	3/22/00	1,533				1,533	10	HY S/L	1,533	0
32	TABLES & CHAIRS	3/24/00	5,429				5,429	10	HY S/L	5,429	0
33	OFFICE BUILDING	7/31/00	6,114				6,114	10	HY S/L	6,112	0
34	OFFICE FURNITURE	10/09/07	7,233				7,233	7	HY 200DB	7,233	0
35	SIDEWALKS	10/01/90	1,131				1,131	15	HY S/L	1,131	0
36	INT. PART., WIND., 1 WAY	1/01/89	4,041				4,041	15	HY S/L	4,041	0
37	STORM WINDOW	2/01/91	2,573				2,573	5	HY S/L	2,573	0
38	NEW ELECT SERVICE	1/01/89	2,000				2,000	20	HY S/L	1,950	0
39	INT & EXT PAINTING	1/01/89	9,406				9,406	15	HY S/L	9,406	0
40	TEL REL FURN MOVE EXP	1/01/89	2,826				2,826	15	HY S/L	2,826	0
41	PLUMBING & WATER HOOKUP	1/01/89	781				781	20	HY S/L	761	0
42	ELECTRICAL HOOKUP	1/01/89	852				852	20	HY S/L	852	0
45	SEWAGE EJECTOR PUMP	1/12/01	1,965				1,965	10	HY S/L	1,965	0
46	5FT WORK COUNTER	10/19/01	1,825			X	1,277	15	HY S/L	1,577	0
47	WATER HEATER	1/19/01	970				970	10	HY S/L	970	0
49	INSTALL SOUND/STOVE, ETC.	5/20/02	2,149			X	1,504	10	HY S/L	2,149	0
50	LUDWIG(10 CHAIRS, 2 DESKS	8/01/90	1,620				1,620	20	HY S/L	1,620	0
51	GOOD'S SOFA & CHAIR	9/01/90	1,739				1,739	15	HY S/L	1,739	0
52	WS DESK, CHAIR, CABINET	10/01/90	662				662	15	HY S/L	662	0
53	RENOVATIONS	10/29/07	11,611				11,611	39	MMS/L	2,147	0
54	TELEPHONE SYSTEM	4/15/95	3,981				3,981	10	HY S/L	3,981	0
55	PHONE SYSTEM	5/29/97	3,660				3,660	10	HY S/L	3,630	0
56	FAX MACHINE	5/29/98	419				419	5	HY S/L	419	0
57	COPY MACHINE	4/30/99	6,349				6,349	10	HY S/L	6,349	0
58	CREDIT CARD MACHINE	8/31/99	750				750	10	HY S/L	750	0
59	PHONE SYSTEM UPGRAD	5/31/01	1,791				1,791	10	HY S/L	1,791	0
60	DSL ACTIVATION/ROUTER	8/07/01	1,043				1,043	5	HY S/L	1,043	0
61	PROJECTOR	2/25/02	2,120			X	1,484	5	HY S/L	2,120	0
62	PHAM COMPUTER	3/22/02	1,143			X	800	5	HY S/L	1,143	0
63	DEAN CLEMMER-COMPUTER	4/19/02	1,572			X	1,100	5	HY S/L	1,572	0
64	LAPTOP	4/01/02	1,860			X	1,302	5	HY S/L	1,860	0
65	PC UPGRADE	4/01/02	555			X	388	5	HY S/L	555	0
66	PC UPGRADE	4/01/02	951			X	666	5	HY S/L	951	0
67	SUE ANN'S PC	4/29/02	539			X	377	5	HY S/L	539	0
68	DELL LAPTOP - TEK	5/09/02	1,883			X	1,318	5	HY S/L	1,883	0
69	COMP UPGRADES-KLC/NKB	6/20/02	1,393			X	975	5	HY S/L	1,393	0
70	HP DAT TAPE DRIVE	6/20/02	959			X	671	5	HY S/L	959	0
71	COMPUTER UPGRADE	6/28/02	964			X	675	5	HY S/L	964	0
72	CISCO SYSTEM	7/26/02	1,032			X	722	5	HY S/L	1,032	0
73	NOVELL SERVER/CISCO ROUT	8/31/02	761			X	533	5	HY S/L	761	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
75	DSL SETUP	6/26/02	806		X	564	5 HY S/L	806	0
76	DSL SETUP	6/26/02	806		X	564	5 HY S/L	806	0
77	GESTETNER 1302 COPIER	4/09/03	1,679		X	1,175	5 HY S/L	1,679	0
78	DELL COMPUTER	1/21/03	1,962		X	1,373	5 HY S/L	1,962	0
79	PHAM COMPUTER	10/07/03	2,177		X	1,088	5 HY 200DB	2,177	0
80	PHONE SYSTEM-REPLACEMENT	6/15/03	1,408		X	704	7 HY 200DB	1,377	0
81	HP 2300 INKJET	1/23/04	1,145		X	572	5 HY 200DB	1,145	0
82	HP DAT 24i TAPE DRIVE	11/04/04	716		X	358	5 HY 200DB	716	0
86	2 PHAM ECOSYSTEM 2400	5/25/05	1,352			1,352	5 HY 200DB	1,352	0
87	PHAM EAGLE 64 BIT 3500	9/13/05	1,165			1,165	5 HY 200DB	1,165	0
88	VIPER DUAL CORE 805	9/29/06	995			995	5 HY 200DB	995	0
89	PHONE SYSTEM-MAIN	3/13/07	1,849			1,849	7 HY 200DB	1,849	0
90	WYSE TERMINALS	5/15/07	862			862	5 HY 200DB	862	0
91	LAPTOP	8/30/07	1,101			1,101	5 HY 200DB	1,101	0
92	TECHNOLOGY UPGRADE	6/01/07	61,348			61,348	5 HY 200DB	61,348	0
93	Sonic Wall TZ200 Network Firewall	6/15/10	949			949	5 HY S/L	854	0
			<u>244,846</u>			<u>225,376</u>		<u>234,796</u>	<u>0</u>

**Other Depreciation:**

43	HIGHLAND HOUSE ADDITION	9/15/99	481,129			481,129	40 MO S/L	184,431	0
44	SOUND SOAK BOARD	12/29/00	900			900	40 MO S/L	321	0
48	LOVESEAT	11/10/02	614			614	12 MO S/L	614	0
95	Architect Fees	2/15/15	5,036			5,036	39 MO S/L	0	0
96	Computer Equipment	3/31/13	837			837	5 MO S/L	293	0
97	NextStep Tech Adv 023357	3/31/13	22,000			22,000	7 MO S/L	5,500	0
98	Computer Equipment	10/17/13	13,500			13,500	7 MO S/L	2,250	0
100	Manheim Township	2/15/15	800			800	39 MO S/L	0	0
101	Zoning Fees	2/15/15	908			908	39 MO S/L	0	0
102	Architect Fees	2/15/15	3,796			3,796	39 MO S/L	0	0
103	Zoning Fees	2/15/15	6,372			6,372	39 MO S/L	0	0
104	Architect Fees	2/15/15	4,117			4,117	39 MO S/L	0	0
105	Manheim Township	2/15/15	1,000			1,000	39 MO S/L	0	0
106	Zoning Fees	2/15/15	8,695			8,695	39 MO S/L	0	0
107	Architect Fees	2/15/15	8,097			8,097	39 MO S/L	0	0
108	Zoning Fees	2/15/15	1,118			1,118	39 MO S/L	0	0
109	Zoning Fees	2/15/15	3,502			3,502	39 MO S/L	0	0
110	Architect Fees	2/15/15	8,874			8,874	39 MO S/L	0	0
111	Architect Fees	2/15/15	1,839			1,839	39 MO S/L	0	0
112	Manheim Township	2/15/15	5,879			5,879	39 MO S/L	0	0
113	Zoning Fees	2/15/15	526			526	39 MO S/L	0	0
114	Architect Fees	2/15/15	561			561	39 MO S/L	0	0
115	Zoning Fees	2/15/15	1,206			1,206	39 MO S/L	0	0
116	Architect Fees	2/15/15	2,600			2,600	39 MO S/L	0	0
117	Zoning Fees	2/15/15	1,346			1,346	39 MO S/L	0	0
118	Architect Fees	2/15/15	500			500	39 MO S/L	0	0
119	Building Addition	2/15/15	53,342			53,342	39 MO S/L	0	0
120	Zoning Fees	2/15/15	463			463	39 MO S/L	0	0
121	Architect Fees	2/15/15	500			500	39 MO S/L	0	0
122	Building Addition	2/15/15	103,689			103,689	39 MO S/L	0	0
123	Architect Fees	2/15/15	500			500	39 MO S/L	0	0
124	Building Addition	2/15/15	141,957			141,957	39 MO S/L	0	0
125	Land Development	2/15/15	8,000			8,000	39 MO S/L	0	0
126	Architect Fees	2/15/15	500			500	39 MO S/L	0	0
127	Building Addition	2/15/15	154,805			154,805	39 MO S/L	0	0
128	Building Addition - In Kind	2/15/15	23,000			23,000	39 MO S/L	0	0
129	Television - In Kind	2/15/15	3,085			3,085	5 MO S/L	0	0
134	HVIC Unit #3 Replacement	7/17/15	4,150			4,150	40 MO S/L	0	0
135	HVIC Unit #4 Replacement	7/17/15	4,150			4,150	40 MO S/L	0	0
136	Sign	12/19/15	3,434			3,434	7 MO S/L	0	0
137	Landscaping	5/18/15	21,483			21,483	15 MO S/L	0	0
138	Building Addition	2/15/15	279,732			279,732	39 MO S/L	0	0
139	Double Pedestal Desk	3/31/15	5,045			5,045	7 MO S/L	0	0
140	Merlin Communications - Phone Systems	2/11/15	8,826			8,826	7 MO S/L	0	0
141	Furniture and Office Equipment	5/30/15	17,837			17,837	7 MO S/L	0	0
	<b>Total Other Depreciation</b>		<u>1,420,250</u>			<u>1,420,250</u>		<u>193,409</u>	<u>0</u>

**Total ACRS and Other Depreciation** 1,420,250 1,420,250 193,409 0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b><u>Amortization:</u></b>									
99	Tech Soup SServer Software	4/30/13	1,348			1,348	3 MOAmort	786	0
			<u>1,348</u>			<u>1,348</u>		<u>786</u>	<u>0</u>
<b>Grand Totals</b>			1,666,444			1,646,974		428,991	0
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,666,444</u>			<u>1,646,974</u>		<u>428,991</u>	<u>0</u>

Copy



# PA Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
<b>Non-Residential Real Property:</b>								
134	HVIC Unit #3 Replacement	7/17/15	4,150	4,150	0	49	0	-49
			<u>4,150</u>	<u>4,150</u>	<u>0</u>	<u>49</u>	<u>0</u>	<u>-49</u>
<b>Other Depreciation:</b>								
1	PHONE SYSTEM - ADMIN	9/27/07	0	0	0	0	0	0
2	FUNDRAISER PROF/WINDOWS	2/28/01	0	0	0	0	0	0
3	MEDISOFT NETWORKS SOFTWA	4/30/02	0	0	0	0	0	0
4	NOVELL UPGRADE	4/30/03	0	0	0	0	0	0
5	NETPRO UPGRADE	5/28/03	0	0	0	0	0	0
6	DONOR PERFECT	6/25/03	0	0	0	0	0	0
7	ANTI VIRUS SOFTWARE	8/27/03	0	0	0	0	0	0
8	MEDISOFT SOFTWARE	7/27/06	0	0	0	0	0	0
9	MEDISOFT SOFTWARE	4/27/07	0	0	0	0	0	0
10	LUDWIG CHAIRS	5/01/90	0	0	0	0	0	0
11	FULLY DEPR FURN & FIXTUR	1/01/89	0	0	0	0	0	0
12	CABINTRY-HURST PAINTERS	8/01/90	0	0	0	0	0	0
13	GOOD'S SOFA AND CHAIRS	1/01/90	0	0	0	0	0	0
14	LIBRARY TABLE	1/01/91	0	0	0	0	0	0
15	COMPUTER FURNITURE	4/01/91	0	0	0	0	0	0
16	CABINETS	6/01/90	0	0	0	0	0	0
17	SOFA & ROCKER	4/01/92	0	0	0	0	0	0
18	ARM CHAIRS	4/01/92	0	0	0	0	0	0
19	TABLE & CHAIRS	3/01/92	0	0	0	0	0	0
20	2 - FILE CABINETS	3/01/92	0	0	0	0	0	0
21	CHAIRS	5/01/92	0	0	0	0	0	0
22	FURNITURE - EPHRATA	5/01/93	0	0	0	0	0	0
23	FILE CABINET	8/01/93	0	0	0	0	0	0
24	FURNITURE	5/01/94	0	0	0	0	0	0
25	FILE CABINET	1/11/94	0	0	0	0	0	0
26	FURNITURE	4/17/96	0	0	0	0	0	0
27	LUDWIG OFFICE FURN	5/08/96	0	0	0	0	0	0
28	LUDWIG OFFICE FURN	3/18/99	0	0	0	0	0	0
29	LUDWIG OFFICE FURN	9/14/99	0	0	0	0	0	0
30	LUDWIG OFFICE FURN	2/28/00	0	0	0	0	0	0
31	IKEA OFFICE FURN	3/22/00	0	0	0	0	0	0
32	TABLES & CHAIRS	3/24/00	0	0	0	0	0	0
33	OFFICE BUILDING	7/31/00	0	0	0	0	0	0
34	OFFICE FURNITURE	10/09/07	0	0	0	0	0	0
35	SIDEWALKS	10/01/90	0	0	0	0	0	0
36	INT. PART., WIND., 1 WAY	1/01/89	0	0	0	0	0	0
37	STORM WINDOW	2/01/91	0	0	0	0	0	0
38	NEW ELECT SERVICE	1/01/89	0	0	0	0	0	0
39	INT & EXT PAINTING	1/01/89	0	0	0	0	0	0
40	TEL REL FURN MOVE EXP	1/01/89	0	0	0	0	0	0
41	PLUMBING & WATER HOOKUP	1/01/89	0	0	0	0	0	0
42	ELECTRICAL HOOKUP	1/01/89	0	0	0	0	0	0
43	HIGHLAND HOUSE ADDITION	9/15/99	0	0	0	0	0	0
44	SOUND SOAK BOARD	12/29/00	0	0	0	0	0	0
45	SEWAGE EJECTOR PUMP	1/12/01	0	0	0	0	0	0
46	SFT WORK COUNTER	10/19/01	0	0	0	0	0	0
47	WATER HEATER	1/19/01	0	0	0	0	0	0
48	LOVESEAT	11/10/02	0	0	0	0	0	0
49	INSTALL SOUND/BOARD, ETC.	5/20/02	0	0	0	0	0	0
50	LUDWIG(10 CHAIRS, 2 DESKS	8/01/90	0	0	0	0	0	0
51	GOOD'S SOFA & CHAIR	9/01/90	0	0	0	0	0	0
52	WS DESK, CHAIR, CABINET	10/01/90	0	0	0	0	0	0
53	RENOVATIONS	10/29/07	0	0	0	0	0	0
54	TELEPHONE SYSTEM	4/15/95	0	0	0	0	0	0
55	PHONE SYSTEM	5/29/97	0	0	0	0	0	0
56	FAX MACHINE	5/29/98	0	0	0	0	0	0
57	COPY MACHINE	4/30/99	0	0	0	0	0	0
58	CREDIT CARD MACHINE	8/31/99	0	0	0	0	0	0
59	PHONE SYSTEM UPGRAD	5/31/01	0	0	0	0	0	0
60	DSL ACTIVATION/ROUTER	8/07/01	0	0	0	0	0	0
61	PROJECTOR	2/25/02	0	0	0	0	0	0
62	PHAM COMPUTER	3/22/02	0	0	0	0	0	0
63	DEAN CLEMMER-COMPUTER	4/19/02	0	0	0	0	0	0
64	LAPTOP	4/01/02	0	0	0	0	0	0

# PA Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
65	PC UPGRADE	4/01/02	0	0	0	0	0	0
66	PC UPGRADE	4/01/02	0	0	0	0	0	0
67	SUE ANN'S PC	4/29/02	0	0	0	0	0	0
68	DELL LAPTOP - TEK	5/09/02	0	0	0	0	0	0
69	COMP UPGRADES-KLC/NKB	6/20/02	0	0	0	0	0	0
70	HP DAT TAPE DRIVE	6/20/02	0	0	0	0	0	0
71	COMPUTER UPGRADE	6/28/02	0	0	0	0	0	0
72	CISCO SYSTEM	7/26/02	0	0	0	0	0	0
73	NOVELL SERVER/CISCO ROUT	8/31/02	0	0	0	0	0	0
75	DSL SETUP	6/26/02	0	0	0	0	0	0
76	DSL SETUP	6/26/02	0	0	0	0	0	0
77	GESTETNER 1302 COPIER	4/09/03	0	0	0	0	0	0
78	DELL COMPUTER	1/21/03	0	0	0	0	0	0
79	PHAM COMPUTER	10/07/03	0	0	0	0	0	0
80	PHONE SYSTEM-REPLACEMENT	6/15/03	0	0	0	0	0	0
81	HP 2300 INKJET	1/23/04	0	0	0	0	0	0
82	HP DAT 24i TAPE DRIVE	11/04/04	0	0	0	0	0	0
86	2 PHAM ECOSYSTEM 2400	5/25/05	0	0	0	0	0	0
87	PHAM EAGLE 64 BIT 3500	9/13/05	0	0	0	0	0	0
88	VIPER DUAL CORE 805	9/29/06	0	0	0	0	0	0
89	PHONE SYSTEM-MAIN	3/13/07	0	0	0	0	0	0
90	WYSE TERMINALS	5/15/07	0	0	0	0	0	0
91	LAPTOP	8/30/07	0	0	0	0	0	0
92	TECHNOLOGY UPGRADE	6/01/07	0	0	0	0	0	0
93	Sonic Wall TZ200 Network Firewall	6/15/10	0	0	0	0	0	0
95	Architect Fees	2/15/15	5,036	5,036	0	118	0	-118
96	Computer Equipment	3/31/13	837	837	293	167	0	-167
97	NextStep Tech Adv 023357	3/31/13	22,000	22,000	5,500	3,143	0	-3,143
98	Computer Equipment	10/17/13	13,500	13,500	2,250	1,929	0	-1,929
100	Manheim Township	2/15/15	800	800	0	19	0	-19
101	Zoning Fees	2/15/15	908	908	0	21	0	-21
102	Architect Fees	2/15/15	3,796	3,796	0	89	0	-89
103	Zoning Fees	2/15/15	6,372	6,372	0	150	0	-150
104	Architect Fees	2/15/15	4,117	4,117	0	97	0	-97
105	Manheim Township	2/15/15	1,000	1,000	0	24	0	-24
106	Zoning Fees	2/15/15	8,695	8,695	0	204	0	-204
107	Architect Fees	2/15/15	8,097	8,097	0	190	0	-190
108	Zoning Fees	2/15/15	1,118	1,118	0	26	0	-26
109	Zoning Fees	2/15/15	3,502	3,502	0	82	0	-82
110	Architect Fees	2/15/15	8,874	8,874	0	209	0	-209
111	Architect Fees	2/15/15	1,839	1,839	0	43	0	-43
112	Manheim Township	2/15/15	5,879	5,879	0	138	0	-138
113	Zoning Fees	2/15/15	526	526	0	12	0	-12
114	Architect Fees	2/15/15	561	561	0	13	0	-13
115	Zoning Fees	2/15/15	1,206	1,206	0	28	0	-28
116	Architect Fees	2/15/15	2,600	2,600	0	61	0	-61
117	Zoning Fees	2/15/15	1,346	1,346	0	32	0	-32
118	Architect Fees	2/15/15	500	500	0	12	0	-12
119	Building Addition	2/15/15	53,342	53,342	0	1,254	0	-1,254
120	Zoning Fees	2/15/15	463	463	0	11	0	-11
121	Architect Fees	2/15/15	500	500	0	12	0	-12
122	Building Addition	2/15/15	103,689	103,689	0	2,437	0	-2,437
123	Architect Fees	2/15/15	500	500	0	12	0	-12
124	Building Addition	2/15/15	141,957	141,957	0	3,337	0	-3,337
125	Land Development	2/15/15	8,000	8,000	0	188	0	-188
126	Architect Fees	2/15/15	500	500	0	12	0	-12
127	Building Addition	2/15/15	154,805	154,805	0	3,639	0	-3,639
128	Building Addition - In Kind	2/15/15	23,000	23,000	0	541	0	-541
129	Television - In Kind	2/15/15	3,085	3,085	0	566	0	-566
135	HVIC Unit #4 Replacement	7/17/15	4,150	4,150	0	44	0	-44
136	Sign	12/19/15	3,434	3,434	0	0	0	0
137	Landscaping	5/18/15	21,483	21,483	0	835	0	-835
138	Building Addition	2/15/15	279,732	279,732	0	6,575	0	-6,575
139	Double Pedestal Desk	3/31/15	5,045	5,045	0	541	0	-541
140	Merlin Communications - Phone Systems	2/11/15	8,826	8,826	0	1,156	0	-1,156
141	Furniture and Office Equipment	5/30/15	17,837	17,837	0	1,486	0	-1,486
<b>Total Other Depreciation</b>			<u>933,457</u>	<u>933,457</u>	<u>8,043</u>	<u>29,453</u>	<u>0</u>	<u>-29,453</u>
<b>Total ACRS and Other Depreciation</b>			<u>933,457</u>	<u>933,457</u>	<u>8,043</u>	<u>29,453</u>	<u>0</u>	<u>-29,453</u>

**PA Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
<b><u>Amortization:</u></b>								
99	Tech Soup SServer Software	4/30/13	1,348	1,348	786	450	0	-450
			<u>1,348</u>	<u>1,348</u>	<u>786</u>	<u>450</u>	<u>0</u>	<u>-450</u>
	<b>Grand Totals</b>		938,955	938,955	8,829	29,952	0	-29,952
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>938,955</u>	<u>938,955</u>	<u>8,829</u>	<u>29,952</u>	<u>0</u>	<u>-29,952</u>

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# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
4	NOVELL UPGRADE	4/30/03	1,797	100	0	0	539	1,258
77	GESTETNER 1302 COPIER	4/09/03	1,679	100	0	0	504	1,175
78	DELL COMPUTER	1/21/03	1,962	100	0	0	589	1,373
3	MEDISOFT NETWORKS SOFTWA	4/30/02	10,319	100	0	0	3,096	7,223
5	NETPRO UPGRADE	5/28/03	2,504	100	0	0	1,252	1,252
6	DONOR PERFECT	6/25/03	7,692	100	0	0	3,846	3,846
7	ANTI VIRUS SOFTWARE	8/27/03	1,043	100	0	0	522	521
46	5FT WORK COUNTER	10/19/01	1,825	100	0	0	548	1,277
49	INSTALL SOUNDSOAK, ETC.	5/20/02	2,149	100	0	0	645	1,504
61	PROJECTOR	2/25/02	2,120	100	0	0	636	1,484
62	PHAM COMPUTER	3/22/02	1,143	100	0	0	343	800
63	DEAN CLEMMER-COMPUTER	4/19/02	1,572	100	0	0	472	1,100
64	LAPTOP	4/01/02	1,860	100	0	0	558	1,302
65	PC UPGRADE	4/01/02	555	100	0	0	167	388
66	PC UPGRADE	4/01/02	951	100	0	0	285	666
67	SUE ANN'S PC	4/29/02	539	100	0	0	162	377
68	DELL LAPTOP - TEK	5/09/02	1,883	100	0	0	565	1,318
69	COMP UPGRADES-KLC/NKB	6/20/02	1,393	100	0	0	418	975
70	HP DAT TAPE DRIVE	6/20/02	959	100	0	0	288	671
71	COMPUTER UPGRADE	6/28/02	964	100	0	0	289	675
72	CISCO SYSTEM	7/26/02	1,032	100	0	0	310	722
73	NOVELL SERVER/CISCO ROUT	8/31/02	761	100	0	0	228	533
75	DSL SETUP	6/26/02	806	100	0	0	242	564
76	DSL SETUP	6/26/02	806	100	0	0	242	564
79	PHAM COMPUTER	10/07/03	2,177	100	0	0	1,089	1,088
80	PHONE SYSTEM-REPLACEMENT	6/15/03	1,408	100	0	0	704	704
81	HP 2300 INKJET	1/23/04	1,145	100	0	0	573	572
82	HP DAT 24i TAPE DRIVE	11/04/04	716	100	0	0	358	358
<b>Form 990, Page 1</b>			<u>53,760</u>		<u>0</u>	<u>0</u>	<u>19,470</u>	<u>34,290</u>
<b>Grand Total</b>			<u>53,760</u>		<u>0</u>	<u>0</u>	<u>19,470</u>	<u>34,290</u>

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23-2467315

# Depreciation Adjustment Report

## All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

Copy

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	PHONE SYSTEM - ADMIN	9/27/07	3,149	0	0
2	FUNDRAISER PROF/WINDOWS	2/28/01	2,655	0	0
3	MEDISOFT NETWORKS SOFTWA	4/30/02	10,319	0	0
4	NOVELL UPGRADE	4/30/03	1,797	0	0
5	NETPRO UPGRADE	5/28/03	2,504	0	0
6	DONOR PERFECT	6/25/03	7,692	0	0
7	ANTI VIRUS SOFTWARE	8/27/03	1,043	0	0
8	MEDISOFT SOFTWARE	7/27/06	3,095	0	0
9	MEDISOFT SOFTWARE	4/27/07	3,095	0	0
10	LUDWIG CHAIRS	5/01/90	1,813	0	0
11	FULLY DEPR FURN & FIXTUR	1/01/89	999	0	0
12	CABINTRY-HURST PAINTERS	8/01/90	650	0	0
13	GOOD'S SOFA AND CHAIRS	1/01/90	1,193	0	0
14	LIBRARY TABLE	1/01/91	444	0	0
15	COMPUTER FURNITURE	4/01/91	2,016	0	0
16	CABINETS	6/01/90	2,740	0	0
17	SOFA & ROCKER	4/01/92	1,608	28	0
18	ARM CHAIRS	4/01/92	295	0	0
19	TABLE & CHAIRS	3/01/92	1,265	30	0
20	2 - FILE CABINETS	3/01/92	284	0	0
21	CHAIRS	5/01/92	473	0	0
22	FURNITURE - EPHRATA	5/01/93	1,585	16	0
23	FILE CABINET	8/01/93	212	0	0
24	FURNITURE	5/01/94	3,473	36	0
25	FILE CABINET	1/11/94	286	0	0
26	FURNITURE	4/17/96	1,433	0	0
27	LUDWIG OFFICE FURN	5/08/96	1,417	0	0
28	LUDWIG OFFICE FURN	3/18/99	2,752	0	0
29	LUDWIG OFFICE FURN	9/14/99	3,555	0	0
30	LUDWIG OFFICE FURN	2/28/00	499	0	0
31	IKEA OFFICE FURN	3/22/00	1,533	0	0
32	TABLES & CHAIRS	3/24/00	5,429	0	0
33	OFFICE BUILDING	7/31/00	6,114	2	0
34	OFFICE FURNITURE	10/09/07	7,233	0	0
35	SIDEWALKS	10/01/90	1,131	0	0
36	INT. PART., WIND., 1 WAY	1/01/89	4,041	0	0
37	STORM WINDOW	2/01/91	2,573	0	0
38	NEW ELECT SERVICE	1/01/89	2,000	50	0
39	INT & EXT PAINTING	1/01/89	9,406	0	0
40	TEL REL FURN MOVE EXP	1/01/89	2,826	0	0
41	PLUMBING & WATER HOOKUP	1/01/89	781	20	0
42	ELECTRICAL HOOKUP	1/01/89	852	0	0
45	SEWAGE EJECTOR PUMP	1/12/01	1,965	0	0
46	5FT WORK COUNTER	10/19/01	1,825	85	0
47	WATER HEATER	1/19/01	970	0	0
49	INSTALL SOUNDSOAK, ETC.	5/20/02	2,149	0	0
50	LUDWIG(10 CHAIRS, 2 DESKS	8/01/90	1,620	0	0
51	GOOD'S SOFA & CHAIR	9/01/90	1,739	0	0
52	WS DESK, CHAIR, CABINET	10/01/90	662	0	0
53	RENOVATIONS	10/29/07	11,611	297	0
54	TELEPHONE SYSTEM	4/15/95	3,981	0	0
55	PHONE SYSTEM	5/29/97	3,660	30	0
56	FAX MACHINE	5/29/98	419	0	0
57	COPY MACHINE	4/30/99	6,349	0	0
58	CREDIT CARD MACHINE	8/31/99	750	0	0
59	PHONE SYSTEM UPGRAD	5/31/01	1,791	0	0
60	DSL ACTIVATION/ROUTER	8/07/01	1,043	0	0
61	PROJECTOR	2/25/02	2,120	0	0
62	PHAM COMPUTER	3/22/02	1,143	0	0
63	DEAN CLEMMER-COMPUTER	4/19/02	1,572	0	0
64	LAPTOP	4/01/02	1,860	0	0
65	PC UPGRADE	4/01/02	555	0	0
66	PC UPGRADE	4/01/02	951	0	0
67	SUE ANN'S PC	4/29/02	539	0	0
68	DELL LAPTOP - TEK	5/09/02	1,883	0	0
69	COMP UPGRADES-KLC/NKB	6/20/02	1,393	0	0
70	HP DAT TAPE DRIVE	6/20/02	959	0	0
71	COMPUTER UPGRADE	6/28/02	964	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
72	CISCO SYSTEM	7/26/02	1,032	0	0
73	NOVELL SERVER/CISCO ROUT	8/31/02	761	0	0
75	DSL SETUP	6/26/02	806	0	0
76	DSL SETUP	6/26/02	806	0	0
77	GESTETNER 1302 COPIER	4/09/03	1,679	0	0
78	DELL COMPUTER	1/21/03	1,962	0	0
79	PHAM COMPUTER	10/07/03	2,177	0	0
80	PHONE SYSTEM-REPLACEMENT	6/15/03	1,408	31	0
81	HP 2300 INKJET	1/23/04	1,145	0	0
82	HP DAT 24i TAPE DRIVE	11/04/04	716	0	0
86	2 PHAM ECOSYSTEM 2400	5/25/05	1,352	0	0
87	PHAM EAGLE 64 BIT 3500	9/13/05	1,165	0	0
88	VIPER DUAL CORE 805	9/29/06	995	0	0
89	PHONE SYSTEM-MAIN	3/13/07	1,849	0	0
90	WYSE TERMINALS	5/15/07	862	0	0
91	LAPTOP	8/30/07	1,101	0	0
92	TECHNOLOGY UPGRADE	6/01/07	61,348	0	0
93	Sonic Wall TZ200 Network Firewall	6/15/10	949	95	0
			<u>244,846</u>	<u>720</u>	<u>0</u>

**Other Depreciation:**

43	HIGHLAND HOUSE ADDITION	9/15/99	481,129	12,028	0
44	SOUND SOAK BOARD	12/29/00	900	22	0
48	LOVESEAT	11/10/02	614	0	0
95	Architect Fees	2/15/15	5,036	129	0
96	Computer Equipment	3/31/13	837	167	0
97	NextStep Tech Adv 023357	3/31/13	22,000	3,143	0
98	Computer Equipment	10/17/13	13,500	1,929	0
100	Manheim Township	2/15/15	800	21	0
101	Zoning Fees	2/15/15	908	23	0
102	Architect Fees	2/15/15	3,796	97	0
103	Zoning Fees	2/15/15	6,372	163	0
104	Architect Fees	2/15/15	4,117	106	0
105	Manheim Township	2/15/15	1,000	26	0
106	Zoning Fees	2/15/15	8,695	223	0
107	Architect Fees	2/15/15	8,097	208	0
108	Zoning Fees	2/15/15	1,118	29	0
109	Zoning Fees	2/15/15	3,502	90	0
110	Architect Fees	2/15/15	8,874	228	0
111	Architect Fees	2/15/15	1,839	47	0
112	Manheim Township	2/15/15	5,879	151	0
113	Zoning Fees	2/15/15	526	13	0
114	Architect Fees	2/15/15	561	14	0
115	Zoning Fees	2/15/15	1,206	31	0
116	Architect Fees	2/15/15	2,600	67	0
117	Zoning Fees	2/15/15	1,346	35	0
118	Architect Fees	2/15/15	500	13	0
119	Building Addition	2/15/15	53,342	1,368	0
120	Zoning Fees	2/15/15	463	12	0
121	Architect Fees	2/15/15	500	13	0
122	Building Addition	2/15/15	103,689	2,659	0
123	Architect Fees	2/15/15	500	13	0
124	Building Addition	2/15/15	141,957	3,640	0
125	Land Development	2/15/15	8,000	205	0
126	Architect Fees	2/15/15	500	13	0
127	Building Addition	2/15/15	154,805	3,969	0
128	Building Addition - In Kind	2/15/15	23,000	590	0
129	Television - In Kind	2/15/15	3,085	617	0
134	HVIC Unit #3 Replacement	7/17/15	4,150	104	0
135	HVIC Unit #4 Replacement	7/17/15	4,150	104	0
136	Sign	12/19/15	3,434	491	0
137	Landscaping	5/18/15	21,483	1,432	0
138	Building Addition	2/15/15	279,732	7,173	0
139	Double Pedestal Desk	3/31/15	5,045	721	0
140	Merlin Communications - Phone Systems	2/11/15	8,826	1,261	0
141	Furniture and Office Equipment	5/30/15	17,837	2,548	0

**Future Depreciation Report    FYE: 12/31/16**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
	<b>Total Other Depreciation</b>		1,420,250	45,936	0
	<b>Total ACRS and Other Depreciation</b>		1,420,250	45,936	0
<b><u>Amortization:</u></b>					
99	Tech Soup SErver Software	4/30/13	1,348	450	0
			1,348	450	0
	<b>Grand Totals</b>		1,666,444	47,106	0

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# PA Future Depreciation Report

FYE: 12/31/16  
Form 990, Page 1

Asset	Description	Date In Service	Cost	PA
<b>Prior MACRS:</b>				
1	PHONE SYSTEM - ADMIN	9/27/07	0	0
2	FUNDRAISER PROF/WINDOWS	2/28/01	0	0
3	MEDISOFT NETWORKS SOFTWA	4/30/02	0	0
4	NOVELL UPGRADE	4/30/03	0	0
5	NETPRO UPGRADE	5/28/03	0	0
6	DONOR PERFECT	6/25/03	0	0
7	ANTI VIRUS SOFTWARE	8/27/03	0	0
8	MEDISOFT SOFTWARE	7/27/06	0	0
9	MEDISOFT SOFTWARE	4/27/07	0	0
10	LUDWIG CHAIRS	5/01/90	0	0
11	FULLY DEPR FURN & FIXTUR	1/01/89	0	0
12	CABINTRY-HURST PAINTERS	8/01/90	0	0
13	GOOD'S SOFA AND CHAIRS	1/01/90	0	0
14	LIBRARY TABLE	1/01/91	0	0
15	COMPUTER FURNITURE	4/01/91	0	0
16	CABINETS	6/01/90	0	0
17	SOFA & ROCKER	4/01/92	0	0
18	ARM CHAIRS	4/01/92	0	0
19	TABLE & CHAIRS	3/01/92	0	0
20	2 - FILE CABINETS	3/01/92	0	0
21	CHAIRS	5/01/92	0	0
22	FURNITURE - EPHRATA	5/01/93	0	0
23	FILE CABINET	8/01/93	0	0
24	FURNITURE	5/01/94	0	0
25	FILE CABINET	1/11/94	0	0
26	FURNITURE	4/17/96	0	0
27	LUDWIG OFFICE FURN	5/08/96	0	0
28	LUDWIG OFFICE FURN	3/18/99	0	0
29	LUDWIG OFFICE FURN	9/14/99	0	0
30	LUDWIG OFFICE FURN	2/28/00	0	0
31	IKEA OFFICE FURN	3/22/00	0	0
32	TABLES & CHAIRS	3/24/00	0	0
33	OFFICE BUILDING	7/31/00	0	0
34	OFFICE FURNITURE	10/09/07	0	0
35	SIDEWALKS	10/01/90	0	0
36	INT. PART., WIND., 1 WAY	1/01/89	0	0
37	STORM WINDOW	2/01/91	0	0
38	NEW ELECT SERVICE	1/01/89	0	0
39	INT & EXT PAINTING	1/01/89	0	0
40	TEL REL FURN MOVE EXP	1/01/89	0	0
41	PLUMBING & WATER HOOKUP	1/01/89	0	0
42	ELECTRICAL HOOKUP	1/01/89	0	0
45	SEWAGE EJECTOR PUMP	1/12/01	0	0
46	5FT WORK COUNTER	10/19/01	0	0
47	WATER HEATER	1/19/01	0	0
49	INSTALL SOUNDSOAK, ETC.	5/20/02	0	0
50	LUDWIG(10 CHAIRS, 2 DESKS	8/01/90	0	0
51	GOOD'S SOFA & CHAIR	9/01/90	0	0
52	WS DESK, CHAIR, CABINET	10/01/90	0	0
53	RENOVATIONS	10/29/07	0	0
54	TELEPHONE SYSTEM	4/15/95	0	0
55	PHONE SYSTEM	5/29/97	0	0
56	FAX MACHINE	5/29/98	0	0
57	COPY MACHINE	4/30/99	0	0
58	CREDIT CARD MACHINE	8/31/99	0	0
59	PHONE SYSTEM UPGRAD	5/31/01	0	0
60	DSL ACTIVATION/ROUTER	8/07/01	0	0
61	PROJECTOR	2/25/02	0	0
62	PHAM COMPUTER	3/22/02	0	0
63	DEAN CLEMMER-COMPUTER	4/19/02	0	0
64	LAPTOP	4/01/02	0	0
65	PC UPGRADE	4/01/02	0	0
66	PC UPGRADE	4/01/02	0	0
67	SUE ANN'S PC	4/29/02	0	0
68	DELL LAPTOP - TEK	5/09/02	0	0
69	COMP UPGRADES-KLC/NKB	6/20/02	0	0
70	HP DAT TAPE DRIVE	6/20/02	0	0
71	COMPUTER UPGRADE	6/28/02	0	0

# PA Future Depreciation Report

**FYE: 12/31/16**

## Form 990, Page 1

Asset	Description	Date In Service	Cost	PA
72	CISCO SYSTEM	7/26/02	0	0
73	NOVELL SERVER/CISCO ROUT	8/31/02	0	0
75	DSL SETUP	6/26/02	0	0
76	DSL SETUP	6/26/02	0	0
77	GESTETNER 1302 COPIER	4/09/03	0	0
78	DELL COMPUTER	1/21/03	0	0
79	PHAM COMPUTER	10/07/03	0	0
80	PHONE SYSTEM-REPLACEMENT	6/15/03	0	0
81	HP 2300 INKJET	1/23/04	0	0
82	HP DAT 24i TAPE DRIVE	11/04/04	0	0
86	2 PHAM ECOSYSTEM 2400	5/25/05	0	0
87	PHAM EAGLE 64 BIT 3500	9/13/05	0	0
88	VIPER DUAL CORE 805	9/29/06	0	0
89	PHONE SYSTEM-MAIN	3/13/07	0	0
90	WYSE TERMINALS	5/15/07	0	0
91	LAPTOP	8/30/07	0	0
92	TECHNOLOGY UPGRADE	6/01/07	0	0
93	Sonic Wall TZ200 Network Firewall	6/15/10	0	0
			0	0

**Other Depreciation:**

43	HIGHLAND HOUSE ADDITION	9/15/99	0	0
44	SOUND SOAK BOARD	12/29/00	0	0
48	LOVESEAT	11/10/02	0	0
95	Architect Fees	2/15/15	5,036	129
96	Computer Equipment	3/31/13	837	168
97	NextStep Tech Adv 023357	3/31/13	22,000	3,143
98	Computer Equipment	10/17/13	13,500	1,928
100	Manheim Township	2/15/15	800	20
101	Zoning Fees	2/15/15	908	24
102	Architect Fees	2/15/15	3,796	98
103	Zoning Fees	2/15/15	6,372	163
104	Architect Fees	2/15/15	4,117	105
105	Manheim Township	2/15/15	1,000	25
106	Zoning Fees	2/15/15	8,695	223
107	Architect Fees	2/15/15	8,097	208
108	Zoning Fees	2/15/15	1,118	29
109	Zoning Fees	2/15/15	3,502	90
110	Architect Fees	2/15/15	8,874	227
111	Architect Fees	2/15/15	1,839	47
112	Manheim Township	2/15/15	5,879	151
113	Zoning Fees	2/15/15	526	14
114	Architect Fees	2/15/15	561	15
115	Zoning Fees	2/15/15	1,206	31
116	Architect Fees	2/15/15	2,600	67
117	Zoning Fees	2/15/15	1,346	34
118	Architect Fees	2/15/15	500	13
119	Building Addition	2/15/15	53,342	1,368
120	Zoning Fees	2/15/15	463	12
121	Architect Fees	2/15/15	500	13
122	Building Addition	2/15/15	103,689	2,659
123	Architect Fees	2/15/15	500	13
124	Building Addition	2/15/15	141,957	3,640
125	Land Development	2/15/15	8,000	205
126	Architect Fees	2/15/15	500	13
127	Building Addition	2/15/15	154,805	3,969
128	Building Addition - In Kind	2/15/15	23,000	589
129	Television - In Kind	2/15/15	3,085	617
134	HVIC Unit #3 Replacement	7/17/15	4,150	106
135	HVIC Unit #4 Replacement	7/17/15	4,150	107
136	Sign	12/19/15	3,434	491
137	Landscaping	5/18/15	21,483	1,433
138	Building Addition	2/15/15	279,732	7,173
139	Double Pedestal Desk	3/31/15	5,045	720
140	Merlin Communications - Phone Systems	2/11/15	8,826	1,261
141	Furniture and Office Equipment	5/30/15	17,837	2,549

**PA Future Depreciation Report    FYE: 12/31/16**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	PA
	<b>Total Other Depreciation</b>		<u>937,607</u>	<u>33,890</u>
	<b>Total ACRS and Other Depreciation</b>		<u>937,607</u>	<u>33,890</u>
<b><u>Amortization:</u></b>				
99	Tech Soup SErver Software	4/30/13	<u>1,348</u>	<u>112</u>
			<u>1,348</u>	<u>112</u>
	<b>Grand Totals</b>		<u>938,955</u>	<u>34,002</u>

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Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning

, ending

Name

Taxpayer Identification Number

**SAMARITAN COUNSELING CENTER****23-2467315**

		2014	2015	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 733,812	712,991	-20,821
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 1,149,136	1,369,107	219,971
	5. Investment income	5. 2,517	8,582	6,065
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.	5,057	5,057
	9. Net income or (loss) from gaming	9.	9,090	9,090
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,239	3,721	2,482
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 1,886,704	2,108,548	221,844
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 1,173,410	1,288,621	115,211
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 42,386	32,692	-9,694
	19. Occupancy, rent, utilities, and maintenance	19. 26,487	32,017	5,530
	20. Depreciation and Depletion	20. 19,268	44,185	24,917
	21. Other expenses	21. 351,001	380,034	29,033
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 1,612,552	1,777,549	164,997
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 274,152	330,999	56,847
<b>Other Information</b>	24. Total exempt revenue	24. 1,886,704	2,108,548	221,844
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,152,892	1,395,557	242,665
	27. Total assets	27. 1,531,161	1,738,089	206,928
	28. Total liabilities	28. 187,142	69,391	-117,751
	29. Retained earnings	29. 1,344,019	1,668,698	324,679
	30. Number of voting members of governing body	30. 20	19	
	31. Number of independent voting members of governing body	31. 20	19	
	32. Number of employees	32. 35	38	
	33. Number of volunteers	33. 115	140	

Form **990****Tax Return History****2015**Name  
**SAMARITAN COUNSELING CENTER**Employer Identification Number  
**23-2467315**

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants .....				733,812	712,991	
Membership dues .....						
Program service revenue .....				1,149,136	1,369,107	
Capital gain or loss .....						
Investment income .....				2,517	8,582	
Fundraising revenue (income/loss) .....					5,057	
Gaming revenue (income/loss) .....					9,090	
Other revenue .....				1,239	3,721	
<b>Total revenue</b> .....				<b>1,886,704</b>	<b>2,108,548</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....				1,173,410	1,288,621	
Professional fees .....				42,386	32,692	
Occupancy costs .....				26,487	32,017	
Depreciation and depletion .....				19,268	44,185	
Other expenses .....				351,001	380,034	
<b>Total expenses</b> .....				<b>1,612,552</b>	<b>1,777,549</b>	
<b>Excess or (Deficit)</b> .....				<b>274,152</b>	<b>330,999</b>	
Total exempt revenue .....				1,886,704	2,108,548	
Total unrelated revenue .....						
Total excludable revenue .....				1,152,892	1,395,557	
Total Assets .....				1,531,161	1,738,089	
Total Liabilities .....				187,142	69,391	
Net Fund Balances .....				1,344,019	1,668,698	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>8,582</u>			14		
TOTAL	\$ <u><u>8,582</u></u>					

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## Federal Statements

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 19,957	\$ 14,178	\$ 3,941	\$ 1,838
TOTAL	\$ 19,957	\$ 14,178	\$ 3,941	\$ 1,838

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
INSTITUTE FEE	\$ 6,360	\$	\$ 6,360	\$
TRAINING REIMBURSEMENT	6,007	3,037	583	2,387
BAD DEBTS	5,762	5,762		
DUES AND SUBSCRIPTIONS	3,485	2,860	441	184
MISCELLANEOUS	253	187	66	
MARKETING	240	240		
TOTAL	\$ 22,107	\$ 12,086	\$ 7,450	\$ 2,571

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## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER CONTRIBUTIONS	\$ 432,972
	12,588
	19,122
SALLY BUCKWALTER CASH CONTRIBUTION	25,000
JUDITH S. SANDT CASH CONTRIBUTION	25,273
THE S. DALE HIGH FAMILY FOUNDATION CASH CONTRIBUTION	15,000
PAUL H. SLAUGH CASH CONTRIBUTION	20,000
WILLIS & ELSIE SHENK FOUNDATION CASH CONTRIBUTION	25,000
MS. FOUNDATION FOR WOMEN CASH CONTRIBUTION	25,000
WAYNE LAWRENCE CASH CONTRIBUTION	15,000
RLPS ARCHITECTS ARCHITECTURAL SERVICES	27,558
HALLER ENTERPRISES HVAC SERVICES	30,000
ANONYMOUS CASH CONTRIBUTION	40,478
TOTAL	\$ <u>712,991</u>

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Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 8,582
TOTAL	\$ <u>8,582</u>