

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , and ending

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization SAMARITAN COUNSELING CENTER</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1803 OREGON PIKE</p> <p>City or town, state or province, country, and ZIP or foreign postal code LANCASTER PA 17601-6401</p> <p>F Name and address of principal officer: ROBYN DOUGHERTY, CPA 1803 OREGON PIKE LANCASTER PA 17601</p>	<p>D Employer identification number ** - *** 7315</p> <p>E Telephone number 717-560-9969</p> <p>G Gross receipts \$ 1,994,088</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: WWW.SCCLANC.ORG H(c) Group exemption number u</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u</p>		<p>L Year of formation: 1987 M State of legal domicile: PA</p>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	125
	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 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 653,541	Current Year 744,441
	9 Program service revenue (Part VIII, line 2g)	1,135,396	1,153,094
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,040	8,532
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,692	8,019
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,798,669	1,914,086
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,356,274	1,320,850
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 185,041			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		458,074	442,790
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,814,348	1,763,640	
19 Revenue less expenses. Subtract line 18 from line 12	-15,679	150,446	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,911,074	End of Year 1,917,887
	21 Total liabilities (Part X, line 26)	166,080	49,972
	22 Net assets or fund balances. Subtract line 21 from line 20	1,744,994	1,867,915

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	<p>Signature of officer ROBYN DOUGHERTY, CPA</p>	<p>Date</p>			
	<p>Type or print name and title TREASURER</p>				
Paid Preparer Use Only	<p>Print/Type preparer's name LAURA A. BENDER, CPA</p>	<p>Preparer's signature LAURA A. BENDER, CPA</p>	<p>Date</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN *****</p>
	<p>Firm's name } BERTZ, HESS & CO., LLP</p>	<p>Firm's address } 36 EAST KING ST LANCASTER, PA 17602</p>		<p>Firm's EIN } ** - *** 9427</p>	<p>Phone no. } 717-393-0767</p>

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 \$ 798,085 including grants of \$) (Revenue \$ 846,307)

SAMARITAN COUNSELING CENTER'S PRIMARY SERVICE IS THE PROVISION OF COUNSELING TO INDIVIDUALS, FAMILIES, CHILDREN, ADOLESCENTS AND COUPLES. IN 2018, SAMARITAN PROVIDED 11,462 HOURS OF COUNSELING AND ADDED 963 NEW CLIENTS TO THE HUNDREDS OF CLIENTS WHO CONTINUED IN COUNSELING SERVICES.

Copy

4b (Code:) (Expenses \$ 224,889 including grants of \$) (Revenue \$ 42,623)

SAMARITAN ALSO PROVIDES SERVICES IN SUPPORT OF 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. 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.

4c (Code:) (Expenses \$ 17,370 including grants of \$) (Revenue \$ 44,903)

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 \$ 201,546 including grants of \$) (Revenue \$ 219,261)

4e Total program service expenses u 1,241,890

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] 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) JODIE REINHART	2.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(2) SARAH TEICHMANN	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) MARY EDITH LEICHLITER	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) ROBERT THOMAS	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) NICK PAULUKOW	1.00									
CHAIR	0.00	X		X			0	0	0	
(6) KATHLEEN BAILEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) ANDREW MEAD	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) JAMES SPICHER, MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) ROBYN DOUGHERTY, CPA	2.00									
TREASURER	0.00	X		X			0	0	0	
(10) GINNY KLEPPINGER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) REBECCA MEYER	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) WES NEUMANN	2.00									
SECRETARY	0.00	X		X			0	0	0	
(13) GEORGE ZOOK	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) GERALD RESSLER	40.00									
EXECUTIVE DIRECTOR	0.00			X			95,271	0	0	
1b Sub-total u							95,271			
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u							95,271			

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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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	744,441				
	g Noncash contributions included in lines 1a-1f: \$		88,817				
	h Total. Add lines 1a-1f	u	744,441				
Program Service Revenue	2a COUNSELING/CONSULTING	Busn. Code	1,153,094	1,153,094			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	1,153,094				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	8,532			8,532	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	80,002			
	b Less: cost or other basis & sales exps.			80,002			
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19	a	6,760					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u	6,760			6,760	
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME			1,259	1,259			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		1,259				
12 Total revenue. See instructions.	u		1,914,086	1,154,353	0	15,292	

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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	95,271	70,705	17,450	7,116
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	1,133,502	841,221	207,617	84,664
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	92,077	68,782	16,547	6,748
11 Fees for services (non-employees):				
a Management				
b Legal	477	259	183	35
c Accounting	14,065	7,640	5,381	1,044
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.)	20,971	11,392	8,023	1,556
12 Advertising and promotion	1,727	1,727		
13 Office expenses	64,820	39,085	14,157	11,578
14 Information technology	28,479	15,470	10,896	2,113
15 Royalties				
16 Occupancy	36,005	24,572	7,306	4,127
17 Travel	7,595	6,045	1,491	59
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	90		90	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,987	30,491	12,428	5,068
23 Insurance	20,105	3,560	15,953	592
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 PROGRAM EXPENSE	87,071	76,223	4,571	6,277
b FUND RAISING EXPENSES	50,692			50,692
c REPAIRS AND MAINTENANCE	17,058	10,575	4,400	2,083
d OUTSIDE SERVICES	17,008	17,008		
e All other expenses	28,640	17,135	10,216	1,289
25 Total functional expenses. Add lines 1 through 24e	1,763,640	1,241,890	336,709	185,041
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	347,307	2	316,926
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	80,061	4	83,086
	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	1,400	9	1,400
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,677,634		
	b Less: accumulated depreciation	10b 614,391	1,111,231	10c 1,063,243
	11 Investments—publicly traded securities	357,647	11	441,131
	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	13,428	15	12,101
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,911,074	16	1,917,887	
Liabilities	17 Accounts payable and accrued expenses	41,080	17	49,972
	18 Grants payable		18	
	19 Deferred revenue	125,000	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	
	26 Total liabilities. Add lines 17 through 25	166,080	26	49,972
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,278,994	27	1,547,236
	28 Temporarily restricted net assets	374,772	28	
	29 Permanently restricted net assets	91,228	29	320,679
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	1,744,994	33	1,867,915	
34 Total liabilities and net assets/fund balances	1,911,074	34	1,917,887	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,914,086
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,763,640
3	Revenue less expenses. Subtract line 2 from line 1	3	150,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,744,994
5	Net unrealized gains (losses) on investments	5	-27,525
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,867,915

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SAMARITAN COUNSELING CENTER

Employer identification number

**** - ***7315**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	733,812	712,991	750,342	653,541	744,441	3,595,127
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	733,812	712,991	750,342	653,541	744,441	3,595,127
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						104,978
6 Public support. Subtract line 5 from line 4						3,490,149

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	733,812	712,991	750,342	653,541	744,441	3,595,127
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,517	8,582	7,506	2,040	8,532	29,177
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,239	3,721	1,565	952	1,259	8,736
11 Total support. Add lines 7 through 10						3,633,040

12 Gross receipts from related activities, etc. (see instructions) 12 6,124,430

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.07 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.90 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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 \$ 8,736

Copy

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

Name of the organization

Employer identification number

SAMARITAN COUNSELING CENTER

**** - ***7315**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

SAMARITAN COUNSELING CENTER

Employer identification number

**** - ***7315**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOY ALLEN 1803 OREGON PIKE LANCASTER PA 17601-6401	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DONALD AND NANCY STEWART 1803 OREGON PIKE LANCASTER PA 17601	\$ 19,941	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOIS MORGAN 1803 OREGON PIKE LANCASTER PA 17601-6401	\$ 49,894	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	WILLIS & ELSIE SHENK 1803 OREGON PIKE LANCASTER PA 17601-6401	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CLARK ASSOCIATES CHARITABLE FOUNDATION 1803 OREGON PIKE LANCASTER PA 17601-6401	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SAMARITAN COUNSELING CENTER

Employer identification number

**** - ***7315**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	184 SHARES OF KIMBERLY CLARK	\$ 19,941	10/15/18
3	690 SHARES OF MSCI ACWIETF	\$ 49,894	04/24/18
		\$	
		\$	
		\$	
		\$	
		\$	

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SAMARITAN COUNSELING CENTER

Employer identification number

** - ***7315

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.

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, and questions about monitoring and expenses.

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 |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	138,754	131,900	122,578	107,259	89,791
b Contributions	3,170	2,665	5,800	15,555	15,344
c Net investment earnings, gains, and losses	-3,163	4,189	3,522	-236	2,124
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	138,761	138,754	131,900	122,578	107,259

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 32.93 %
 - b** Permanent endowment **u** 67.07 %
 - 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 |
|--|----------|----------|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,677,634	614,391	1,063,243
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				1,063,243

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,886,561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-27,525
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-27,525
3	Subtract line 2e from line 1	3	1,914,086
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,914,086

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

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

1	Total expenses and losses per audited financial statements	1	1,763,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,763,640
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,763,640

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 X - FIN 48 FOOTNOTE

THE CENTER HAS EVALUATED ITS TAX FILINGS FOR THE OPEN TAX YEARS FOR UNCERTAIN TAX POSITIONS. TAX RETURNS ARE OPEN FOR EXAMINATION BY THE

Part XIII Supplemental Information *(continued)*

INTERNAL REVENUE SERVICE FOR THREE YEARS FROM THE DUE DATE OF THE RETURNS.
THE TAX YEARS SUBJECT TO EXAMINATION BY THE STATE JURISDICTION ARE
UNLIMITED.

Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

Name of the organization

SAMARITAN COUNSELING CENTER

Employer identification number

**** - ***7315**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	4	80,002	STOCK EXCHANGE QUOTE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (SUPPLIES)	X	19	8,815	COST
26 Other u ()				
27 Other u ()				
28 Other u ()				

Copy

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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

SAMARITAN COUNSELING CENTER

Employer identification number

****-***7315**

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
SAMARITAN PROVIDES COUNSELING FOR INDIVIDUALS, FAMILIES, CHILDREN,
ADOLESCENTS AND COUPLES. SAMARITAN PROVIDES OUTREACH PROGRAMS BASED ON THE
ASSESSED NEEDS OF THE COMMUNITY. SAMARITAN'S CURRENT OUTREACH PROGRAMS
INCLUDE SAFE PLACES, WHICH ADDRESSES PREVENTION OF CHILD SEXUAL ABUSE AND
TEENHOPE, WHICH ADDRESSES PREVENTION OF TEEN SUICIDE. IN ADDITION TO
COUNSELING, SAMARITAN PROVIDES EDUCATION, CONSULTATION AND TRAINING TO
CLERGY, CHURCHES, AND BUSINESSES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
SAFE PLACES IS AN EXPANSION OF SAMARITAN SAFE CHURCH, A NATIONALLY
RECOGNIZED PROGRAM DEVELOPED IN 2011 THAT HAS SINCE REACHED MORE THAN
21,000 ADULTS AND OVER 12,000 CHILDREN IN OUR COMMUNITY. OUR MISSION IS TO
ENHANCE THE POSITIVE IMPACT OF YOUTH-SERVING ORGANIZATIONS BY EQUIPPING
THEM TO DEVELOP ENVIRONMENTS AND PRACTICES TO PROTECT CHILDREN FROM SEXUAL
ABUSE WITHIN AND BEYOND THEIR PROGRAMS, FOSTERING PROACTIVE PREVENTION IN
THE FAMILIES AND COMMUNITIES THEY SERVE.

Name of the organization

Employer identification number

SAMARITAN COUNSELING CENTER

-*7315

FROM THE TIME THE TEENHOPE PROGRAM WAS DEVELOPED IN 2013 THROUGH 2018, TEENHOPE IS NOW IMPLEMENTED IN NINE SCHOOL SYSTEMS. THROUGH THE TEENHOPE PROGRAM, WE HAVE SCREENED 6,279 STUDENTS AND IDENTIFIED 1,084 STUDENTS AT-RISK FOR ANXIETY, DEPRESSION OR SUICIDAL THOUGHTS.

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

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



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

SAMARITAN COUNSELING CENTER

Identifying number ** - ***7315

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i.

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Includes rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
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	1,608	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	1,265	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	1,585	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	3,473	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	6,114	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	2,000	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	781	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	1,825	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	3,040	297
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	3,660	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	PerConv	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	1,408	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	949	0
			244,846				225,376			236,275	297

Other Depreciation:

43	HIGHLAND HOUSE ADDITION	9/15/99	481,129				481,129	40	MO S/L	220,516	12,028
44	SOUND SOAK BOARD	12/29/00	900				900	40	MO S/L	388	23
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	377	129
96	Computer Equipment	3/31/13	837				837	5	MO S/L	795	42
97	NextStep Tech Adv 023357	3/31/13	22,000				22,000	7	MO S/L	14,929	3,142
98	Computer Equipment	10/17/13	13,500				13,500	7	MO S/L	8,036	1,928
100	Manheim Township	2/15/15	800				800	39	MO S/L	60	20
101	Zoning Fees	2/15/15	908				908	39	MO S/L	68	23
102	Architect Fees	2/15/15	3,796				3,796	39	MO S/L	284	97
103	Zoning Fees	2/15/15	6,372				6,372	39	MO S/L	477	163
104	Architect Fees	2/15/15	4,117				4,117	39	MO S/L	308	105
105	Manheim Township	2/15/15	1,000				1,000	39	MO S/L	75	25
106	Zoning Fees	2/15/15	8,695				8,695	39	MO S/L	650	223
107	Architect Fees	2/15/15	8,097				8,097	39	MO S/L	606	207
108	Zoning Fees	2/15/15	1,118				1,118	39	MO S/L	84	28
109	Zoning Fees	2/15/15	3,502				3,502	39	MO S/L	262	90
110	Architect Fees	2/15/15	8,874				8,874	39	MO S/L	664	227
111	Architect Fees	2/15/15	1,839				1,839	39	MO S/L	138	47
112	Manheim Township	2/15/15	5,879				5,879	39	MO S/L	440	150
113	Zoning Fees	2/15/15	526				526	39	MO S/L	39	14
114	Architect Fees	2/15/15	561				561	39	MO S/L	42	14
115	Zoning Fees	2/15/15	1,206				1,206	39	MO S/L	90	31
116	Architect Fees	2/15/15	2,600				2,600	39	MO S/L	194	67
117	Zoning Fees	2/15/15	1,346				1,346	39	MO S/L	101	34
118	Architect Fees	2/15/15	500				500	39	MO S/L	37	13
119	Building Addition	2/15/15	53,342				53,342	39	MO S/L	3,989	1,368
120	Zoning Fees	2/15/15	463				463	39	MO S/L	35	11
121	Architect Fees	2/15/15	500				500	39	MO S/L	37	13
122	Building Addition	2/15/15	103,689				103,689	39	MO S/L	7,755	2,658
123	Architect Fees	2/15/15	500				500	39	MO S/L	37	13
124	Building Addition	2/15/15	141,957				141,957	39	MO S/L	10,616	3,640
125	Land Development	2/15/15	8,000				8,000	39	MO S/L	598	205
126	Architect Fees	2/15/15	500				500	39	MO S/L	37	13
127	Building Addition	2/15/15	154,805				154,805	39	MO S/L	11,577	3,970
128	Building Addition - In Kind	2/15/15	23,000				23,000	39	MO S/L	1,720	590
129	Television - In Kind	2/15/15	3,085				3,085	5	MO S/L	1,800	617
134	HVIC Unit #3 Replacement	7/17/15	4,150				4,150	40	MO S/L	251	103
135	HVIC Unit #4 Replacement	7/17/15	4,150				4,150	40	MO S/L	251	103
136	Sign	12/19/15	3,434				3,434	7	MO S/L	981	491
137	Landscaping	5/18/15	21,483				21,483	15	MO S/L	3,700	1,432
138	Building Addition	2/15/15	279,732				279,732	39	MO S/L	20,920	7,173
139	Double Pedestal Desk	3/31/15	5,045				5,045	7	MO S/L	1,982	721
140	Merlin Communications - Phone Systems	2/11/15	8,826				8,826	7	MO S/L	3,678	1,260
141	Furniture and Office Equipment	5/30/15	17,837				17,837	7	MO S/L	6,583	2,548
142	Sign - Highland Office Credit	1/07/16	-1,000				-1,000	7	MO S/L	-286	-143
143	Clark Inc HVAC Furnance	6/21/16	4,500				4,500	7	MO S/L	964	643
144	Bauder Balanced Sys Radon System	7/26/16	1,745				1,745	7	MO S/L	353	249
145	Penn Telephone Prod 7 E700 speakerphone	12/22/16	2,518				2,518	7	MO S/L	360	359
146	One2One - Software	6/17/17	1,283			X	1,034	3	MO Amort	249	345
147	Firewall - Hardware	4/14/17	2,149				2,149	5	MO S/L	322	430

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
Total Other Depreciation			<u>1,431,445</u>			<u>1,431,196</u>		<u>328,783</u>	<u>47,682</u>
Total ACRS and Other Depreciation			<u>1,431,445</u>			<u>1,431,196</u>		<u>328,783</u>	<u>47,682</u>
<u>Amortization:</u>									
99	Tech Soup SErver Software	4/30/13	<u>1,348</u>			<u>1,348</u>	3 MO Amort	<u>1,348</u>	<u>0</u>
			<u>1,348</u>			<u>1,348</u>		<u>1,348</u>	<u>0</u>
Grand Totals			1,677,639			1,657,920		566,406	47,979
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,677,639</u>			<u>1,657,920</u>		<u>566,406</u>	<u>47,979</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
Prior MACRS:								
134	HVIC Unit #3 Replacement	7/17/15	4,150	4,150	262	106	103	-3
			<u>4,150</u>	<u>4,150</u>	<u>262</u>	<u>106</u>	<u>103</u>	<u>-3</u>
Other Depreciation:								
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 SOFTWARE	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	12,028	12,028
44	SOUND SOAK BOARD	12/29/00	0	0	0	0	23	23
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	297	297
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

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PA Asset Report

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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	377	129	129	0
96	Computer Equipment	3/31/13	837	837	795	42	42	0
97	NextStep Tech Adv 023357	3/31/13	22,000	22,000	14,929	3,142	3,142	0
98	Computer Equipment	10/17/13	13,500	13,500	8,036	1,928	1,928	0
100	Manheim Township	2/15/15	800	800	60	20	20	0
101	Zoning Fees	2/15/15	908	908	68	23	23	0
102	Architect Fees	2/15/15	3,796	3,796	284	97	97	0
103	Zoning Fees	2/15/15	6,372	6,372	477	163	163	0
104	Architect Fees	2/15/15	4,117	4,117	308	105	105	0
105	Manheim Township	2/15/15	1,000	1,000	75	25	25	0
106	Zoning Fees	2/15/15	8,695	8,695	650	223	223	0
107	Architect Fees	2/15/15	8,097	8,097	606	207	207	0
108	Zoning Fees	2/15/15	1,118	1,118	84	28	28	0
109	Zoning Fees	2/15/15	3,502	3,502	262	90	90	0
110	Architect Fees	2/15/15	8,874	8,874	664	227	227	0
111	Architect Fees	2/15/15	1,839	1,839	138	47	47	0
112	Manheim Township	2/15/15	5,879	5,879	440	150	150	0
113	Zoning Fees	2/15/15	526	526	39	14	14	0
114	Architect Fees	2/15/15	561	561	42	14	14	0
115	Zoning Fees	2/15/15	1,206	1,206	90	31	31	0
116	Architect Fees	2/15/15	2,600	2,600	194	67	67	0
117	Zoning Fees	2/15/15	1,346	1,346	101	34	34	0
118	Architect Fees	2/15/15	500	500	37	13	13	0
119	Building Addition	2/15/15	53,342	53,342	3,989	1,368	1,368	0
120	Zoning Fees	2/15/15	463	463	35	11	11	0
121	Architect Fees	2/15/15	500	500	37	13	13	0
122	Building Addition	2/15/15	103,689	103,689	7,755	2,658	2,658	0
123	Architect Fees	2/15/15	500	500	37	13	13	0
124	Building Addition	2/15/15	141,957	141,957	10,616	3,640	3,640	0
125	Land Development	2/15/15	8,000	8,000	598	205	205	0
126	Architect Fees	2/15/15	500	500	37	13	13	0
127	Building Addition	2/15/15	154,805	154,805	11,577	3,970	3,970	0
128	Building Addition - In Kind	2/15/15	23,000	23,000	1,720	590	590	0
129	Television - In Kind	2/15/15	3,085	3,085	1,800	617	617	0
135	HVIC Unit #4 Replacement	7/17/15	4,150	4,150	257	107	103	-4
136	Sign	12/19/15	3,434	3,434	981	491	491	0
137	Landscaping	5/18/15	21,483	21,483	3,700	1,432	1,432	0
138	Building Addition	2/15/15	279,732	279,732	20,920	7,173	7,173	0
139	Double Pedestal Desk	3/31/15	5,045	5,045	1,982	721	721	0
140	Merlin Communications - Phone Systems	2/11/15	8,826	8,826	3,678	1,260	1,260	0
141	Furniture and Office Equipment	5/30/15	17,837	17,837	6,583	2,548	2,548	0
142	Sign - Highland Office Credit	1/07/16	-1,000	-1,000	-286	-143	-143	0
143	Clark Inc HVAC Furnance	6/21/16	4,500	4,500	964	643	643	0
144	Bauder Balanced Sys Radon System	7/26/16	1,745	1,745	353	249	249	0
145	Penn Telephone Prod 7 E700 speakerphone	12/22/16	2,518	2,518	360	359	359	0
146	One2One - Software	6/17/17	1,283	1,283	249	428	345	-83
147	Firewall - Hardware	4/14/17	2,149	2,149	322	430	430	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
Total Other Depreciation			944,652	944,652	107,020	35,615	47,876	12,261
Total ACRS and Other Depreciation			944,652	944,652	107,020	35,615	47,876	12,261
<u>Amortization:</u>								
99	Tech Soup SErver Software	4/30/13	1,348	1,348	1,348	0	0	0
			1,348	1,348	1,348	0	0	0
Grand Totals			950,150	950,150	108,630	35,721	47,979	12,258
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			950,150	950,150	108,630	35,721	47,979	12,258

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Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	MEDISOFT NETWORKS SOFTWA	4/30/02	10,319	100	0	0	3,096	7,223
4	NOVELL UPGRADE	4/30/03	1,797	100	0	0	539	1,258
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	SFT WORK COUNTER	10/19/01	1,825	100	0	0	548	1,277
49	INSTALL SOUNDOAK, 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
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
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
146	One2One - Software	6/17/17	1,283		0	0	249	1,034
Grand Total			<u>55,043</u>		<u>0</u>	<u>0</u>	<u>19,719</u>	<u>35,324</u>

-*7315

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

Future Depreciation Report FYE: 12/31/19

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
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	0	0
18	ARM CHAIRS	4/01/92	295	0	0
19	TABLE & CHAIRS	3/01/92	1,265	0	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	0	0
23	FILE CABINET	8/01/93	212	0	0
24	FURNITURE	5/01/94	3,473	0	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	0	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	0	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	0	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	0	0
47	WATER HEATER	1/19/01	970	0	0
49	INSTALL SOUND/BAK, 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	298	0
54	TELEPHONE SYSTEM	4/15/95	3,981	0	0
55	PHONE SYSTEM	5/29/97	3,660	0	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

Future Depreciation Report FYE: 12/31/19

Form 990, Page 1

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	0	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	0	0
			244,846	298	0

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	0	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	98	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	89	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	15	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	206	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	490	0
137	Landscaping	5/18/15	21,483	1,432	0
138	Building Addition	2/15/15	279,732	7,172	0
139	Double Pedestal Desk	3/31/15	5,045	720	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
142	Sign - Highland Office Credit	1/07/16	-1,000	-142	0
143	Clark Inc HVAC Furnance	6/21/16	4,500	643	0
144	Bauder Balanced Sys Radon System	7/26/16	1,745	250	0

Future Depreciation Report FYE: 12/31/19

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
145	Penn Telephone Prod 7 E700 speakerphone	12/22/16	2,518	360	0
146	One2One - Software	6/17/17	1,283	229	0
147	Firewall - Hardware	4/14/17	2,149	430	0
Total Other Depreciation			1,431,445	47,538	0
Total ACRS and Other Depreciation			1,431,445	47,538	0
<u>Amortization:</u>					
99	Tech Soup SErver Software	4/30/13	1,348	0	0
			1,348	0	0
Grand Totals			1,677,639	47,836	0

Copy

PA Future Depreciation Report

FYE: 12/31/19

Form 990, Page 1

Asset	Description	Date In Service	Cost	PA
Prior MACRS:				
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: 12/31/19

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	0
97	NextStep Tech Adv 023357	3/31/13	22,000	3,143
98	Computer Equipment	10/17/13	13,500	1,929
100	Manheim Township	2/15/15	800	21
101	Zoning Fees	2/15/15	908	23
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	106
105	Manheim Township	2/15/15	1,000	26
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	89
110	Architect Fees	2/15/15	8,874	228
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	13
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	35
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	206
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	590
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	106
136	Sign	12/19/15	3,434	490
137	Landscaping	5/18/15	21,483	1,432
138	Building Addition	2/15/15	279,732	7,172
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	2,548
142	Sign - Highland Office Credit	1/07/16	-1,000	-142
143	Clark Inc HVAC Furnance	6/21/16	4,500	643
144	Bauder Balanced Sys Radon System	7/26/16	1,745	250

PA Future Depreciation Report FYE: 12/31/19
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>PA</u>
145	Penn Telephone Prod 7 E700 speakerphone	12/22/16	2,518	360
146	One2One - Software	6/17/17	1,283	428
147	Firewall - Hardware	4/14/17	2,149	430
Total Other Depreciation			<u>948,802</u>	<u>35,691</u>
Total ACRS and Other Depreciation			<u>948,802</u>	<u>35,691</u>
 <u>Amortization:</u>				
99	Tech Soup SErver Software	4/30/13	1,348	0
			<u>1,348</u>	<u>0</u>
Grand Totals			<u>950,150</u>	<u>35,691</u>

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Form **990****Two Year Comparison Report****2017 & 2018**

For calendar year 2018, or tax year beginning , ending

Name

Taxpayer Identification Number

SAMARITAN COUNSELING CENTER****_***7315**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 653,541	744,441	90,900
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 1,135,396	1,153,094	17,698
	5. Investment income	5. 2,040	8,532	6,492
	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.		
	9. Net income or (loss) from gaming	9. 6,740	6,760	20
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 952	1,259	307
	12. Total revenue. Add lines 1 through 11	12. 1,798,669	1,914,086	115,417
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 95,271	95,271	
	16. Salaries, other compensation, and employee benefits	16. 1,261,003	1,225,579	-35,424
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 32,668	35,513	2,845
	19. Occupancy, rent, utilities, and maintenance	19. 36,311	36,005	-306
	20. Depreciation and Depletion	20. 47,989	47,987	-2
	21. Other expenses	21. 341,106	323,285	-17,821
	22. Total expenses. Add lines 13 through 21	22. 1,814,348	1,763,640	-50,708
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -15,679	150,446	166,125
Other Information	24. Total exempt revenue	24. 1,798,669	1,914,086	115,417
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,145,128	1,169,645	24,517
	27. Total assets	27. 1,911,074	1,917,887	6,813
	28. Total liabilities	28. 166,080	49,972	-116,108
	29. Retained earnings	29. 1,744,994	1,867,915	122,921
	30. Number of voting members of governing body	30. 14	13	
31. Number of independent voting members of governing body	31. 14	13		
32. Number of employees	32. 46	50		
33. Number of volunteers	33. 150	125		

Form **990****Tax Return History****2018**Name
SAMARITAN COUNSELING CENTEREmployer Identification Number
****_***7315**

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	733,812	712,991	750,342	653,541	744,441	
Membership dues						
Program service revenue	1,149,136	1,369,107	1,274,143	1,135,396	1,153,094	
Capital gain or loss			60,013			
Investment income	2,517	8,582	7,506	2,040	8,532	
Fundraising revenue (income/loss)		5,057				
Gaming revenue (income/loss)		9,090	6,999	6,740	6,760	
Other revenue	1,239	3,721	1,565	952	1,259	
Total revenue	1,886,704	2,108,548	2,100,568	1,798,669	1,914,086	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			95,563	95,271	95,271	
Other compensation	1,173,410	1,288,621	1,323,694	1,261,003	1,225,579	
Professional fees	42,386	32,692	32,593	32,668	35,513	
Occupancy costs	26,487	32,017	34,238	36,311	36,005	
Depreciation and depletion	19,268	44,185	48,547	47,989	47,987	
Other expenses	351,001	380,034	474,111	341,106	323,285	
Total expenses	1,612,552	1,777,549	2,008,746	1,814,348	1,763,640	
Excess or (Deficit)	274,152	330,999	91,822	-15,679	150,446	
Total exempt revenue	1,886,704	2,108,548	2,100,568	1,798,669	1,914,086	
Total unrelated revenue						
Total excludable revenue	1,152,892	1,395,557	1,350,226	1,145,128	1,169,645	
Total Assets	1,531,161	1,738,089	1,758,036	1,911,074	1,917,887	
Total Liabilities	187,142	69,391	48,016	166,080	49,972	
Net Fund Balances	1,344,019	1,668,698	1,710,020	1,744,994	1,867,915	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>8,532</u>		14			
TOTAL	\$ <u><u>8,532</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	\$ 20,971	\$ 11,392	\$ 8,023	\$ 1,556
TOTAL	\$ 20,971	\$ 11,392	\$ 8,023	\$ 1,556

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
INSTITUTE FEE	\$ 8,833	\$	\$ 8,833	\$
TRAINING REIMBURSEMENT	6,852	4,755	992	1,105
DUES AND SUBSCRIPTIONS	4,683	4,145	354	184
BAD DEBTS	4,196	4,196		
MISCELLANEOUS	2,975	2,938	37	
CLINICAL FILM DEVELOPMENT	951	951		
MARKETING	150	150		
TOTAL	\$ 28,640	\$ 17,135	\$ 10,216	\$ 1,289

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER CONTRIBUTIONS	\$ 735,626
OTHER CONTRIBUTIONS	8,815
TOTAL	\$ 744,441

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
AVERRIL & DOUGLAS GOOD	\$ 20,384	\$
BARBARA LONGNECKER	50,150	
BRUCE AND LYN LIMPERT	7,500	
CALVIN & JANET HIGH FOUNDATION	15,000	
CLAIR GLOBAL	12,500	
DEANA & ERIC NORDSTROM	66,150	
DONALD AND NANCY STEWART	39,871	
DONNA D THOMASON	10,000	
FERREE FOUNDATION	20,000	
HALLER ENTERPRISES	30,000	
JAMES D. REESE	10,000	
JOY ALLEN	155,100	82,439
JUDITH & ROGER SANDT	59,875	
KERRY DOYLE	36,683	
NANCY & DON STEWART	16,350	
PAUL H SLAUGH	30,000	
PEGGY NEFF	25,400	
RLPS ARCHITECTS	27,558	
SALLY BUCKWALTER	95,200	22,539
THE S. DALE HIGH FAMILY FOUNDATION	31,000	
VISA INC	5,000	
WAYNE LAWRENCE	15,000	
WILLIAM AND SUSAN ADAMS	5,000	
WILLIS & ELSIE SHENK FOUNDATION	41,000	
WILLIS AND MARTHA HERR	15,000	
RUSSO FAMILY FOUNDATION	5,000	
NCR/DIGITAL INSIGHT	5,000	
LOIS MARTIN	54,894	
DAS COMPANIES, INC	10,000	
MARGARET NEFF	5,000	
DAWN WEISS	5,000	
CLARK ASSOCIATES CHARITABLE FOUNDAT	20,000	
TOTAL	\$ <u>944,615</u>	\$ <u>104,978</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 8,532
TOTAL	\$ 8,532

Copy

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2018, or fiscal year beginning 2018, and ending 20

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

SAMARITAN COUNSELING CENTER

Employer identification number

**** - ***7315**

Name and title of officer

**ROBYN DOUGHERTY, CPA
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,914,086
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BERTZ, HESS & CO., LLP** to enter my PIN **67315** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **10/15/19**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } **LAURA A. BENDER, CPA** Date } **10/15/19**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.