

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

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

C Name of organization Good Samaritan Network of Hamilton County, Inc.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
12933 Parkside Drive
 City or town, state or province, country, and ZIP or foreign postal code
Fishers, IN 46038

D Employer identification number
20-4371453

E Telephone number
(317) 753-1293

G Gross receipts \$15,420,149.

F Name and address of principal officer:
Nancy Chance, 12993 Parkside Dr., Fishers, IN 46038

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

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

J Website: ▶ gsnlive.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995 **M** State of legal domicile: IN

H(c) Group exemption number ▶

Part I Summary

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities: <u>To provide food, clothing, shelter, and other education and life skills through a network of member ministries, church partners, and the community in order to transform</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>9</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>9</u>
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>1</u>
6	Total number of volunteers (estimate if necessary)	6	<u>150</u>
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	<u>21,792,663.</u>	<u>15,420,149.</u>
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0.</u>	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>21,792,663.</u>	<u>15,420,149.</u>
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)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>295,889.</u>	<u>309,626.</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>57,338.</u>		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>21,287,836.</u>	<u>15,111,349.</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>21,583,725.</u>	<u>15,420,975.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>208,938.</u>	<u>-826.</u>
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	<u>426,435.</u>	<u>445,211.</u>
21	Total liabilities (Part X, line 26)	<u>19,542.</u>	<u>39,144.</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>406,893.</u>	<u>406,067.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Nancy Chance Date: 11-15-2022
 Nancy Chance, Executive Director
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Deb Wagner, CPA Preparer's signature: Deb Wagner, CPA Date: _____
 Check if self-employed PTIN: P00469227
 Firm's name ▶ WagnerCPAGroup Firm's EIN ▶ _____
 Firm's address ▶ 8335 BROOKS FARM LN, INDIANAPOLIS, IN 46237 Phone no. (317) 889-1769

May the IRS discuss this return with the preparer shown above? See instructions Yes No

NP-20

State Form 51062
(R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 / 01 / 2021 and Ending 12 / 31 / 2021
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization Good Samaritan Network of Hamilton County		Telephone Number 317.773.5030	
Address 12993 Parkside Drive		County Hamilton	Indiana Taxpayer Identification Number
City Noblesville	State IN	Zip Code 46038	Federal Identification Number 20-4371453
Printed Name of Person to Contact Nancy Chance		Contact's Telephone Number 317.773.5030	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

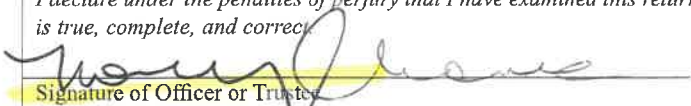
Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, you must also file **Form IT-20NP**.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 26
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

To provide location, resources, and organizations structure for the facilitation, collaboration, and coordination of services in Hamilton County community to meet the physical, spiritual, and emotional needs of the at-risk people that we serve.

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.



 Signature of Officer or Trustee
Nancy Chance
 Name of Person(s) to Contact

Executive Director

 Title
317.773.5030

 Daytime Telephone Number

10/18/2021

 Date

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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