Form <b>99</b>	0

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

					-			2018
				), 527, or 4947(a)(1) of the Internal			ns)	
		he Treasury		nter social security numbers on thi	•			Open to Public
		e Service		/ww.irs.gov/Form990 for instructio				, 20
		pplicable:	ar year, or tax year begin	Samaritan Women, Inc.	, 2018, and en	laing		Employer identification no.
	ddress c		Doing business as	Samarican women, inc.				4-3231089
F	lame cha	•		x if mail is not delivered to street address)		Room/suite		Telephone number
F	nitial retu	•	602 S Chapel G			Room/suite		443)858-7796
F		n/terminated		, country, and ZIP or foreign postal code				Gross receipts
H	mended		Baltimore, MD				ľ	\$ 1,026,087
F		n pending	F Name and address of principa			H(a) Is this a group re	eturn for sub	
			Same as C abov			H(b) Are all subord		
I T	ax-exem	ot status: 🛛 🛛	501(c)(3) 501(c) (	)	527			. (see instructions)
JV	Vebsite:		p://www.thesamar:			H(c) Group exem		
K F	orm of or		Corporation Trust Ass		L Year of formation: 2	007 M State	of legal do	micile: MD
Pa	rt II	Summer	у					
	1	Briefly descri	be the organization's missi	on or most significant activities:	THE ORGANIZATION	I IS A NATIC	NAL C	CHRISTIAN
e		ORGANIZA	TION PROVIDING RE	STORATIVE CARE TO SURV	IVORS, AND BRING	ING ABOUT A	N END	TO DOMESTIC
anc		HUMAN TR	AFFICKING THROUGH	AWARENESS, PREVENTION	, AND ADVOCACY.	WE FULFILL	OUR M	ISSION
Governance		THROUGH:						
Ň	2	Check this be	ox 🕨 🗌 if the organization	discontinued its operations or dispo		1		
	3	Number of vo	oting members of the gover	rning body (Part VI, line 1a) ••		•••••	3	7
es	4			s of the governing body (Part VI, line		•••••	4	7
iviti	5			calendar year 2018 (Part V, line 2a)		ŀ	5	38
Activities &	6		of volunteers (estimate if r	·····))		H	6	668
						ŀ	7a	0
	b	Net unrelated	business taxable income	from Form 990-T, line 38 • • •			7b	0
ø		Oracleikartiare			-	Prior Year		Current Year
	8		and grants (Part VIII, line	1h) • • • • • • • • • • • • • • • • • • •		1,747,		972,606
Revenue	9 10	-		A), lines 3, 4, and 7d) $\cdots \cdots$			.047	38,565
Sevi	11			es 5, 6d, 8c, 9c, 10c, and 11e)			667 059)	(540) (34,858)
Ľ.	12			must equal Part VIII, column (A), line		1,797,	f	975,773
	13		imilar amounts paid (Part I			, , ,	500	11,100
	14		to or for members (Part IX			,	300	
	15		,	e benefits (Part IX, column (A), lines		514,	267	658,619
ses			fundraising fees (Part IX, c					14,825
Expense			sing expenses (Part IX, col		86,259			
Ĕ	17	Other expension	ses (Part IX, column (A), lin	nes 11a-11d, 11f-24e)		446,	099	407,739
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 25)		967,		1,092,283
	19	Revenue les	s expenses. Subtract line 1	18 from line 12 • • • • • • • • •		829,	504	(116,510
or					1	Beginning of Current	rear	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16) · · · ·			2,244,	901	2,096,415
t Ass d Bs	21	Total liabilitie	s (Part X, line 26) • • •			253,	779	221,803
			r fund balances. Subtract I	ine 21 from line 20		1,991,	122	1,874,612
Pa			re Block					
				rn, including accompanying schedules and state icer) is based on all information of which prepar		owledge and belief, it is		
Sig	n		ne Allert				Dete	
Her							Date	
пер	e	<b>—</b> —	ne Allert, Execut print name and title	tive Director				
					Date			
Paid	4	Print/Type pre	parer's name	Preparer's signature	Date		if PTI	N
	a parer	- Fierda -	•			Self-employed	1   I	
	Only					Firm's EIN		
0.00	51113	Firm's addres	5 -			Phone no.		
May	he IPS	discuse this	return with the preparer sho	own above? (see instructions)				· · 🗌 Yes 🗌 No
			on Act Notice, see the ser	· · · · · · · · · · · · · · · · · · ·				
EEA	aperw							Form <b>990</b> (2018)
^								

_	n 990 (2018) The Samaritan Women, Inc. 74-3231089 Page 2
Pa	rt 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:
	THE ORGANIZATION IS A NATIONAL CHRISTIAN ORGANIZATION PROVIDING RESTORATIVE CARE TO
	SURVIVORS, AND BRINGING ABOUT AN END TO DOMESTIC HUMAN TRAFFICKING THROUGH AWARENESS,
	PREVENTION, AND ADVOCACY. WE FULFILL OUR MISSION THROUGH:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	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?
	If "Yes," describe these changes on Schedule O.
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by $\frac{1}{2}$
	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 \$485,584 including grants of \$) (Revenue \$)
	RESTORATIVE PROGRAM: THE NEXT STEP IN THE HEALING PROCESS FOLLOWING THE TRANSITIONAL PROGRAM
	IS THE RESTORATIVE PROGRAM. THE SAMARITAN WOMEN HAS DEVELOPED ITS OWN CONTINUUM OF CARE
	MODEL, BASED ON A MULTI-DISCIPLINARY APPROACH, SURVIVOR INPUT, AND OUR EXPERIENCE IN SERVING
	THIS POPULATION. OUR MODEL IS DIVIDED INTO FIVE PHASES, WITH THE ULTIMATE GOAL OF BUILDING UP
	A WOMAN'S RESILIENCY AND INDEPENDENCE SO THAT SHE CAN LIVE AS A FREE AND CONTRIBUTING MEMBER
	OF SOCIETY.
4b	(Code: ) (Expenses \$ 239,784 including grants of \$ 11,100 ) (Revenue \$ )
	IMPACT SOCIAL JUSTICE: THE SAMARITAN WOMEN'S ANTI-TRAFFICKING EFFORTS FOCUS ON EDUCATION,
	AWARENESS, ADVOCACY, AND PREVENTION. TO DATE, WE HAVE REACHED OVER 72,000 PEOPLE WITH THE
	MESSAGE OF ANTI-HUMAN TRAFFICKING, VICTIMOLOGY AND VICTIM SERVICES, RANGING FROM YOUTH TO
	RETIREES, CHURCHES, CIVIC GROUPS, SCHOOLS, PROFESSIONALS, AND FROM GRASSROOTS ACTIVISTS TO
	FEDERAL GOVERNMENT OFFICIALS.
4c	(Code:) (Expenses \$36,665 including grants of \$) (Revenue \$)
	TRANSITIONAL PROGRAM (ASSESSMENT): THE FIRST STEP IN THE HEALING PROCESS. SURVIVORS REFERRED
	TO OUR TRANSITIONAL PROGRAM ARE IN THE EARLY STAGES OF THEIR HEALING, WITH THE GOAL OF
	ACHIEVING A SENSE OF PERSONAL SAFETY AND STABILITY, DEVELOPING SOME BASIC COPING SKILLS, AND
	ACCLIMATING TO A STABLE AND COMMUNAL ENVIRONMENT. A SURVIVOR IS IN THE FRESHMAN STAGE FOR
	90-120 DAYS.
4d	Other program services (Describe in Schedule O.)
40	
40	(Expenses \$ 61,168 including grants of \$ ) (Revenue \$ )
	Total program service expenses  823,201
EEA	Form <b>990</b> (2018)

	n 990 (20		74-32310	89	F	Page 3
Pa	rt IV	Checklist of Required Schedules				
					Yes	No
1		ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complet	e Schedule A		1	Х	
2	Is the or	ganization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	Х	
3	Did the	organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candida	tes for public office? If "Yes," complete Schedule C, Part I		3		Х
4	Section	<b>501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h)				
	election	in effect during the tax year? If "Yes," complete Schedule C, Part II		4		Х
5	Is the o	rganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessr	nents, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		Х
6	Did the	organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the	e right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," c	omplete Schedule D, Part I		6		X
7	Did the	organization receive or hold a conservation easement, including easements to preserve open space,				
	the envi	ronment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8		organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
		e Schedule D, Part III		8		X
9	•	organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
		an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
		gotiation services? If "Yes," complete Schedule D, Part IV		9		X
10		organization, directly or through a related organization, hold assets in temporarily restricted				<u> </u>
		nents, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ·····		10		X
11		ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
		, IX, or X as applicable.				
a		organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>				
		e Schedule D, Part VI		11a	Х	
t		organization report an amount for investments - other securities in Part X, line 12 that is 5% or more				
		al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X
c		organization report an amount for investments - program related in Part X, line 13 that is 5% or more				
-		al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		X
c		organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				
		t in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		X
e	•	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		X
f		organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
-		Inization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		X
12a	-	organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
		le D, Parts XI and XII		12a	Х	
b		e organization included in consolidated, independent audited financial statements for the tax year? If				<u> </u>
		nd if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		Х
13		ganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·		13		X
14a		organization maintain an office, employees, or agents outside of the United States?		14a		X
b		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
-		sing, business, investment, and program service activities outside the United States, or aggregate				
		nvestments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		X
15	-	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				<u> </u>
		foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		X
16	•	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
		the to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		X
17		organization report a total of more than \$15,000 of expenses for professional fundraising services on				- 23
••		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		X
18		organization report more than \$15,000 total of fundraising event gross income and contributions on				- 23
		I, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	Х	
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			- 23	<u> </u>
		complete Schedule G, Part III		19		Х
20 a		organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		X
		to line 20a, did the organization attach a copy of its audited financial statements to this return?		20a 20b		
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or		200		<u> </u>
<b>4</b> I		c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X
	uomest			<b>4</b> 1	I	

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Pai	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D.	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	206		v
•	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ······	200	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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.	38	Х	<u> </u>
Par				_
	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 ••••••••• 1a 14			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable •••••••• <b>1b C</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	17	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax       2a       36         2b       If at least one is reported on line 2a, did the organization file all required fideral employment tax returns?       2b       X         3b       If the sam of lines ta and 2b system than 250, you may be required to e-file (see instructions)       3a       X         3c       Did the organization have undelated business grass income of 51,000 or once during the year?       3a       X         41       Atay time during the calendar year, did the organization have an interest: in, or a signature or other autority over, a financial account, a corting comparization have an interest: in, or a signature or other autority over, a financial account is corting comparization have an interest: in, or a signature or other autority over, a financial account is corting comparization have an interest: in, or a signature or other autority over, a financial account, a corting comparization have and is or is a party to a prohibid tax shelter transaction?       5a       X         54       Max the organization have and is or is a party to a prohibid tax shelter transaction?       5a       X         55       Was the organization have and provide the organization have and is a nort approver transaction?       5a       X         56       Max       Y       Y are to ine 5a or 6b, did the organization have and is an orbit approver transaction?       5b       X         57       Was the organization have and year orbitotitax shelter transaction? </th <th>Form</th> <th>990 (2018) The Samaritan Women, Inc. 74-32310</th> <th>89</th> <th>F</th> <th>age 5</th>	Form	990 (2018) The Samaritan Women, Inc. 74-32310	89	F	age 5
2a         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax         2a         36           51 determents, filed for the calended parameters of which they are covered by this fruit.         2b         X           b         If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         2b         X           b         The set multiple calendary set and to get an explanation in Schedule O         3a         X           b         The set multiple calendary set, did the organization have an interest in, or a signature of other authority over, a francial account / for this yea?         3a         X           b         If "Yes," rest the number of being country.         If "Yes," rest the number of the organization have an interest transaction at any to a prohibid tax shelter transaction?         5a         X           b         Uf Yes," rest the number of the organization for form 90.000, and did the organization for form 90.000, and did the organization for form 90.000, and did the organization number of 8850.77         5a         X           b         Does the organization number of 8850.71         6a         X           f         The organization for form 90.000, and did the organization for form 98857.7         6a         X           f         The organization number of 8850.71         6a         X           f         The organization number 68857.7         7a	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, field for the calendary year anding with or within the year covered by the roturn       2a       36         Note, if the sum of lines 1a and 2a is greater than 250, you may be required to effic (see instructions)       2b       X         Note, if the sum of lines 1a and 2a is greater than 250, you may be required to effic (see instructions)       3a       3a       3a         11 "Test," has it field a Form 990-T for the year? If Yo's To line 30, provide an explanation in Schedule 0       3a       3a         41 Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account, a cortifuc county (such as a bank account, securits account, or other financial account).       4a       4a       X         56 with the organization have marks for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         10 West the organization have many acros receipts that are normally greater than \$100,000, and did the organization have ware not tax douctible as charlable contributions?       6a       X         10 '''est' to line 5a or 50, did the organization hat ware not ac douctible as charlable contributions or gins were not tax douctible?       6b       X         10 '''est' to line 6a or 50, did the organization have were not tax douctible as charlable contributions and reservices provided to the payor?       6a       X         10 '''est' to line 6a or 50, did the organization have were not tax douctible as charlable contributions andre sequence on tax douctible? <t< td=""><td></td><td></td><td></td><td>Yes</td><td>No</td></t<>				Yes	No
b       If at least one is responded on line 2a, did the organization file all required to efficit existicutions)       20       X         3a       Did the organization have unrelated builties gross income of \$1,000 or more during the year?       3a       Xa         34       Did the organization have unrelated builties gross income of \$1,000 or more during the year?       3a       Xa         35       M       Thes, "has if field a form 580-7 for this year? If "No" for the 3b, provide ar explanation in Schedule 0       3b       Xa         36       At any time the name of the forgen country;       4a       X       Xa       Xa         37       Did any itaxable party notify the organization that if was or is a party to a prohibid tax sheller transaction and any time during the tax year?       5a       X         38       Did any itaxable party notify the organization if the rom 888-77       5a       X         39       Organization ane try organization ane try organization ane try organization ane syness statement that such contributions?       6a       X         40       Drys, "dat the organization in excess of 375 made party in a scorthibution and party for goods an advectible activity or which it was or is a party to a prohibut tax sheare party as a contribution and party for goods an advectible activity or which it was or is a party or a party or for which it was or is a party to a prohibut tax sheare party as a contribution and party for goods and services provided to the goon 6222 field during the year?       7a	2a				
Note:         If the sum of lines 1a and 2a is greater than 250, you may be inquired to effer (see instructions)         Image: State	h			v	
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Diff "yes," nais the dia Form 3000.17 for this yay? If Yos?       At any time during the calendar year, did the organization have an interest in, or a signature or other nuthority over, a financial account in a foreign country, which a bank account, securities account, or other financial account?       4a       X         bill "Yes," realt the name of the foreign country, which as a bank is account, and prime during the tax year?       5a       X         bill any issue party notify the organization in Primos 386-17       5a       X         bill any issue party notify the organization in Prim 386-17       5a       X         bill any issue party notify the organization in Prime 386-17       5a       X         bill any issue party notify the organization in Prime 386-17       5a       X         bill any issue party notify the organization in Rom 386-17       5a       X         bill any issue party notify the organization in clude with every solitation and party for goods and services provided to the approf?       5a       X         clin and service any the service and the approf and the goods or services provided?       7a       X         fill all bill form approf and the	D		20	X	
b       If "Yes," has it field a form 900-To for his year? If "Ao' to field, provide an exploration in Schedule 0       3b         4a       At any line during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a         b       If "Yes," enter the name of the foreign country. (such as a bank account, securities account, or other financial Accounts (FBAR).       5a         5W       See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5b       X         5W       Dad any taskel party notify the organization the twas or is a party to a prohibited tax shelter transaction?       5b       X         10       Tyes," found the organization near engination in the twas or is a party to a prohibited tax shelter transaction?       5a       X         10       Wes," totat decicible?       Actinut was or is a party to a prohibited tax shelter transaction and party for goods and services provided to the payor?       6a       X         11       Tyes," find the organization near enginate for the xas of 57 made party as a contributions and party for goods and services provided to the payor?       7a       X         11       Tyes," find the organization and party for goods and service provided to the payor?       7a       X         11       Tyes," find tacent any trene was a starenerent thy the donor of the v	20		20		v
4a       At any time during the calendar year, ddt the organization have an interset in, or a signature or other authority over, a financial account);       4a       X         b       ft*nes:** enter the name of the foreign country;       •       See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Was the organization apart to a prohibited tax shelter transaction?       5b       X         class and stable party notify the organization fine from 886-7.       5b       X         class and stable party notify the organization from 886-7.       5b       X         class and stable party notify the organization from 886-7.       5b       X         class and stable party contributions that were not tax deductible as charitable contributions?       6a       X         ft **set, "idd the organization notify the donor of the value of the approx?       7a       X         ft **set, "idd the organization notify the donor of the value of the approx?       7a       X         ft de organization notify the donor of the value of the approx?       7a       X         ft de organization notify the donor of the value of the approx?       7a       X         ft de organization notify the donor of the value of the part part was a contribution and partly for goods and services provided to the part form \$282?       7a       X         ft **set, "idd the o			<u> </u>		
a financial account in a foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b If "Yes," enter the name of the foreign country.       5a       X         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         See binstructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sub day taxable party notify the organization that twos or is a party to a prohibited tax sheller transaction?       5b         C If "Yes" to the organization have cognitis that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 172(c).       6a         D Id the organization neckee as (JST andep party as a contribution and party for goods and services provided to the payor?       7a       X         If "Yes," did the organization neckees did ST andep party as a contribution and party for goods and services provided to the payor?       7a       X         If "Yes," did the organization neckees did ST andep or miss as provemed the sector 172(c).       7d       7d       X         If "Yes," did the organization neckees did ST andep artly as a contribution and party for goods and services provided?       7c       X         If "Yes," did the organization neckees did ST andep artly as a contribution andparty for goods and services provided?       7d			30		
b       H**s," enter the name of the foreign country:       >         See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a       Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       Was the organization in the organization the from 8896.7?       5a       X         6b       X       5b       X         6c       Does the organization in the organization the from 8896.7?       5a       X         6c       Does the organization need tax deductible contributions and express statement that such contributions or gifts were not tax deductible?       6a       X         7 Organizations that may receive deductible contributions under section 170(c).       7a       X       7a       X         7 Organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided 7       7a       X         7 Organization neceive any under, dispose of tangible personal property for which it was required to file form 8282?       7c       X         7 Did the organization neceive any premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         7 Did the organization neceive any truns, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         7 Di	40		12		v
See instructions for ling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a         Su Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5b       X         Do dary taxable party notify the organization that was or is a party to a prohibited tax shelter transaction?       5b       X         If "Yes" to line 8a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction?       5c       X         If "Yes", to line 8a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible?       6a       X         Organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?       7a       X         Did the organization neceive any function, directly, to pay premiums on a personal benefit contract?       7b       X         Did the organization receive any function, directly, to pay premiums on a personal benefit contract?       7c       XX         If "Wes", "did the organization neceived a contribution of cam, bask, atpianes, or dher whicke, did the organization file Form 8828 as required?       7d       X         If the organization neceive and contribution of cam, bask, atpianes, or dher whicke, did the organization file Form 8828?       7c       X         If the organization neceived a contribution of cam, bask, atpianes, or dher w	h		4a		Λ
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X5         b       Did any taxable party notify the organization file form 888-17       5b       X5         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solication an express statement that such contributions or gifts were not tax deductible contributions and were not tax deductible contributions and ever not tax deductible contributions and ever solication contributions that may receive deductible contributions and ever solication and solicating contributions that may receive deductible contributions and ever solication and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7a       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       7d       7d         d       Did the organization receive a contribution of qualified intellectual property, did the organization field may finds, directly or indirectly, on a personal benefit contract?       7d       X         d       If the organization receive a contribution of qualified intellectual property, did the organization make a distribution of qualified intellectual property.       7d       X         <	5				
b       Dd any taxable party nothy the organization that it was or is a party to a prohibited tax sheller transaction?       55       X         c       ff "Yes" to line 5a or 5b, did the organization file Form 8888-T?       56       X         Does the organization ave annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       X         7       Organization neceve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         7       Organization neceve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         0       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         10 the organization neceive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         10 the organization neceive accountibution of qualified intellectual property (at the organization that excess provided?       7h       X         11 the organization neceive accountibution of qualified intellectual property (at the organization that the services, did the organization that an excess an organization and party is a contract?       7f       X         12 b       If "Yes," indicate the number of Forms 8282 filed during the year?	5a		5a		X
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions fit are normally greater than \$100,000, and did the organization solid any contributions that are normally greater than \$100,000, and did the organization solid any contributions that may receive deductible contributions and partly for goods and services provided to the payor?     6b       7     Organization solit any contributions under section 170(c).     6b       8     Mittee organization neceive a payment II excess of 57 made partly as a contribution and partly for goods and services provided?     7a       7     Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c       7     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       7     Tyes," indicate the number of Forms 8282 filed during the year     7d       9     Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8898 as required?     7f       7     Tyde," if the organization meaves any taxable distributions under section 4966?     7h       8     Sponsoring organization sective a contribution of qualified intellectual property, did the organization file sective of the organization file form 8898 as required?     7h       9     Sponsoring organization sective aconthubution of and visor, or related person?					X
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 charlable contributions?       6a       X         b       If "Nes," did be organization include with every solicitation an express statement that such contributions or glifts were not tax deductible?       6b       X         7       Organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?       7a       X         7       Did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7a       X         f       Total did the organization notify the donor of the value of the goods or services provided?       7a       X         f       Did the organization notify the donor of the value of the goods or services provided?       7a       X         f       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7c       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       Did the organization maintaining donor advised funds.       for the organization maintaining donor advised funds.       for the organization maintaining dono					
organization solicit any contributions that were not tax deductible as charatable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         8       Did the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         d       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization neceive any funds, directly or indirectly, to pay premiums and services provided?       7d       X         f       Did the organization meevice anothtubion of cars, boots, ariphanes, or other veikes, did the organization file Form 8939 as required?       7f       X         f       Did the organization meevice a contribution of cars, boots, ariphanes, or other veikes, did the organization file Form 8939 as required?       7h       X         g file as onsoring organization make any tax		· · · · · · · · · · · · · · · · · · ·			
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         c       Organizations that may receive deductible contributions under section 170(c).       7a       7a       X         d) the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?       7a       X         b       ff "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3822?       7c       X         d) If "Yes," indicate the number of Forms 2622 filed during the year       7d       7c       X         d) Did the organization receive any times, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f) Did the organization ing the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g) If the organization received a contribution of au, bides funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       9a         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       9b       9b       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b <td></td> <td></td> <td>6a</td> <td></td> <td>X</td>			6a		X
gifts were not tax deductible?       6b         7       Organizations that may receive deductible contribution sucher section 170(c).       6b         Did the organization receive a payment in excess of 57 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b If "Yes," did the organization services provided?       7a       X         b If "Yes," did the organization services dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization receive a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7f       X         g If the organization receives any timed, any time during the year?       7       7f       X         8 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 best sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       1	b				
7       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization receive a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7b       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         g       If the organization receive any funds, directly or indirectly, or a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089.C?       7h       Th         g       Sponsoring organization maintaining donor advised funds.       3e       3e       3e         g       Sponsoring organization make a distribution to a donor, donor advised funds.       3e       3e       3e         g       Sponsoring organization make a distribution to a donor, donor advised funds.       3e       3e       3e         g       Sponsoring organization make a distribution to a donor, donor advised funds.       3e       3e       3e			6b		
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       ff "%e;" (did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year       7d       X         d       ff "%e;", indicate the number of Form 8282? filed during the year       7d       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7g       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7g       X         f       the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7h       X         g       Sponsoring organization make any taxable distributions under section advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Bot the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10 di the sponsoring organization make any taxable distributions under secline 4966? <td< td=""><td>7</td><td></td><td></td><td></td><td></td></td<>	7				
and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         b       Did the organization notify the donor of the value of the goods or services provided?       7c       X         b       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       Te       X         f       Did the organization receives any funds, directly or indirectly on a personal benefit contract?       7e       X         f       Did the organization neceived a contribution of rest, boats, arignanes, or other vehicles, did the organization file a form 1080-8 as required?       7g         f       If the organization neceived a contribution or any bodings at any time during the year?       8         sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         g       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         g       Sponsoring organizations. Enter:       a       10a       10a       10a         g       Section 501(c)(12) organizations. Enter:       11a       11b       12a	а				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       the organization received a contribution of ars, boats, aiptanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised funds.       8       Section 501(c)(7) organizations. Enter:       8       Section 501(c)(7) organizations. Enter:       10a       10b       Section 501(c)(7) organizations. Enter:       10b       10b       12a			7a		Х
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 d the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10 section 501(c)(7) organizations. Enter:       10a       10b       10b       11a       11a       12a         11 section 501(c)(12) organizations. Enter:       11a       11b       12a       13a <td>b</td> <td>If "Yes," did the organization notify the donor of the value of the goods or services provided?</td> <td>7b</td> <td></td> <td></td>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d       If "res," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       10a       8       9         9       Did the sponsoring organizations make any taxable distributions under section 4966?       9a       9b       9b         0       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       10b       11a       12a       12a       10b       11a       12a       12a       11a       12a       12a       12a       12a       13a       13a       13a       13a       13a       13a       1	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1096-C?       7h       X         g       Sponsoring organization have excess business holdings at any time during the year?       9a       8       8         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b       0         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       0         g       Sponsoring organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       10b       12a       10b       12a		required to file Form 8282?	7c		Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8989 as required?       7h       X         g       Sponsoring organizations maintaining donor advised funds. Did a dona radvised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b       9c       <	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         10       Batinitation fave excess business holdings at any time during the year?       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         11       Section 501(c)(12) organizations. Enter:       11a         12       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Orgenization licensed to issue qualified health plans in more than one state?       13a         15       Section 501(c)(29) qualified nonprofit health insurance issuers?       13a         14 <td>е</td> <td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td> <td>7e</td> <td></td> <td>Х</td>	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         c       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       10b         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11b         12       Section 501(c)(12) organizations. Enter:       11b         a       Gross income from members or shareholders       11b         13       Section 501(c)(23) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         14a       Did the organiza	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         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         12       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13a </td <td>g</td> <td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td> <td>7g</td> <td></td> <td></td>	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         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:       11a       10b         a       Gross income from members or shareholders       11a       11b         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         213       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a         214       b       If "Yes," enter the amount of reserves tho organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         a       Is the organization is licensed to issue qualified health plans       13a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9       Sponsoring organizations maintaining door advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b         11       Section 501(c)(12) organizations. Enter:       10b         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         12       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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organiz	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
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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       13b         c       Enter the amount of reserves on hand       13c       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       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       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X	u		Tou		
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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       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       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X	с				
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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       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       10       10       10					
excess parachute payment(s) during the year					
If "Yes," see instructions and file Form 4720, Schedule N.			15		X
	16		16		Х
If "Yes," complete Form 4720, Schedule O.		•			

Form	990 (2018) The Samaritan Women, Inc. 74-323	.089	F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	Vo″		
	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			• 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>······ 1a 7</b>	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>······ 1b</b> 7	_		
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?	· 2		X
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?	• 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		77
<b>b</b>	one or more members of the governing body?	• 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	. 7b		x
8		. 70		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	· 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· 11a	Х	
b	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	• 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	• 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	· 12c	Х	
13	Did the organization have a written whistleblower policy?	· 13	Х	
14	Did the organization have a written document retention and destruction policy?	· 14	Х	
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?			
a	The organization's CEO, Executive Director, or top management official	• 15a	X	
b	Other officers or key employees of the organization	· 15b	Х	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	460		V
h		· 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	· 16b		
Sec	organization's exempt status with respect to such arrangements?		I	L
17	List the states with which a copy of this Form 990 is required to be filed  Maryland, Virginia			
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.			
	Image: Solution of public inspection indicate now you made these available. One of an that apply.       Image: Solution of public inspection indicate now you made these available. One of an that apply.       Image: Solution of public inspection indicate now you made these available. One of an that apply.       Image: Solution of public inspection indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Indicate now you made these available. One of an that apply.       Image: Solution of public inspection. Image: Solution of the public inspecting inspection. Image: Solution of the public inspection.			
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:			
	Jeanne Allert (443)858-7796, 602 S Chapel Gate Ln, Baltimore, MD 21229			

Form 990 (20 <sup>-</sup>	18) The Samaritan Women, Inc. Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	74-3231089 pensated Employee	Page 7 es, 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 to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the tax year.	1	

• 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)	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director or director		(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		
		ee	stee		insated				
(1) Mark Pruim	<u>2 .00</u> _	х		Х			0	0	0
Board Chairman (2) John McKenna	2.00	- 23		- 21			0	0	0
(2) John McKenna Board Chairman Emeritus	- <u></u>	Х					0	o	0
(3) Linda Blackiston	2.00							Ŭ	<b>v</b>
Secretary		Х		Х			0	o	0
(4) Derrick Purcell	2.00								
Director and Board Chaplain		Х					0	0	0
(5) Mark_Fuerst	2.00								
Director		Х					0	0	0
(6) Bill Reem	2.00								
Director		Х					0	0	0
(7) Jeanne Allert	<u>60.00</u>								
Executive Director				Х	Х		75,005	0	0
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

(19)		90 (2018) The Samaritan Wome	-								74-3231	089	P	age 8
(A) Names and table     (B) Names and ta	Part	VII Section A. Officers, Directors, Trustees, K	key Employe	es, and	d Hig	-		omper	isate	d Employees (cor	ntinued)			
Nume and the water of the first order of the order o			Desilier											
Image of the set				(do n	ot che			an one						
week (it is in the control of the c		Name and title		· · ·							1			
programmation invite       bit of the optimization invite       complexity of the optimization invite				office	er and	a dire	ector/	trustee)				ª		
programmation invite       bit of the optimization invite       complexity of the optimization invite			hours for	or d	Inst	Offi	Key	emp	Fon		-			on
(19)       (10)       (10)				lirect	itutic	cer	em	ploye	mer		(W-2/1099-MISC)			n
(19)       (10)       (10)				orn	nalt		ploye	e com		(112) 1000 11100)			-	
(19)       (10)       (10)			line)	Istee	frust		e	Ipen				org	ganization	ns
(19)					ee			sate						
(19)       Image: Second								<u> </u>						
(19)       Image: Second														
(17)       Image: Control of the control	(15)													
(17)       Image: Control of the control	(16)													
(19)	<u>(</u> ,													
(19)	(17)													
(19)														
(20)	(18)													
(20)	(40)													
(21)	(19)													
(21)	(20)													
(22)	<u> </u>													
(23)	(21)													
(23)														
(24)	(22)													
(24)	(22)													
(25)	(23)													
(25)	(24)													
1b       Sub-total	<u> </u>													
c       Total from continuation sheets to Part VII, Section A       75,005       0       0         d       Total (add lines 1b and 1c)       75,005       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and cher compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       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.       Compensation<	(25)													
c       Total from continuation sheets to Part VII, Section A       75,005       0       0         d       Total (add lines 1b and 1c)       75,005       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and cher compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       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.       Compensation<														
d Total (add lines 1b and 1c)       75,005       0       0         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       1       1         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation       Compensation         Name and business address       Description of services       Compensation					• •	• •	• •		•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization					• •	• •	• •	• • •						
reportable compensation from the organization       Yes       No         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a'? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       Compensation         A       (a)       Compensation         A       (b)       Complete Schedule J for services <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>&gt;</b></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td>									<b>&gt;</b>		0			0
Yes       No         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such or services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (a)       (c)         (A)       (B)       (C)       Compensator         No       (B)       C       Image: Compensator         (A)       (B)<	2	· · · · ·	to those listed	abov	e) wi	no re	ceiv	/ea ma	ore tr	ian \$100,000 of	0			
employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         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.       Compensation         (A)       (B)       (C)         Name and business address       Description of services       Compensation         0       0       0       0       0         1       0       0       0       0       0         0       0       0       0       0       0         0       0											0		Yes	No
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? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation	3	Did the organization list any former officer, director, of	or trustee, key	emplo	yee,	or h	ighe	st com	pens	sated				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete Schedule J fe	or such individ	dual								3		Х
individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         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.       (B)       (C)         (A)       (B)       Compensation       Compensation         Name and business address       Description of services       Compensation         0       0       0       0       0         0       0       0       0       0         0       0       0       0       0         0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0       0         0       0       0       0       0       0       0       0	4	For any individual listed on line 1a, is the sum of repo	ortable compe	ensatio	n an	nd ot	her o	compe	nsat	ion from the				
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       Description of services       Compensation         Name and business address       Description of services       Compensation         (a)       Image: Compensation of services       Compensation         (b)       Compensation       Compensation         (c)       Compensation       Compensation         (b)       Compensation       Compensation         (c)       Compensation       Compensation         (a)       Compensation       Compensation         (b)       Compensation       Compensation         (c)       Compensation       Compensation         (c)       Compensation       Compensation         (c)       Compensation       Compensation		organization and related organizations greater than \$	150,000? <i>If "</i> `\	es," c	ompl	lete :	Sche	edule J	for s	such				
for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation		individual • • • • • • • • • • • • • • • • • • •			• •	• •	• •		••			4		Х
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)       (B)       (C)         Name and business address       Description of services       Compensation	5				-			-		n or individual				
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)       (B)       (C)         Name and business address       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation	0	-	mplete Scheo	lule J f	or sı	ıch p	erso	on				5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         Image: Compensation of services       Compensation       Image: Compensation         Image: Compensation of services       Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation	-	-												
year.          year.       (B)       (C)         Name and business address       Description of services       Compensation         Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation <t< td=""><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	1													
(A)     (B)     (C)       Name and business address     Description of services     Compensation       Image: Compensation     Image: Compensation     Image: Compensation       Image: Compensation <td></td> <td></td> <td>isation for the</td> <td>calen</td> <td>oar y</td> <td>year</td> <td>ena</td> <td>ing wit</td> <td>n or</td> <td>within the organiza</td> <td>tionstax</td> <td></td> <td></td> <td></td>			isation for the	calen	oar y	year	ena	ing wit	n or	within the organiza	tionstax			
Name and business address     Description of services     Compensation       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       Image: Description of services     Image: Description of services     Image: Description of services       I		•								(B)			(C)	
														n
2 Total number of independent contractors (including but not limited to those listed above) who	2	Total number of independent contractors (including h	out not limited	to tho	se lis	sted	abov	ve) wh	0					

►

received more than	\$100.000 of comper	sation from the organ	ization

Form 99			ritan Wom	ien ,	, Inc.			74-32310	89 Page 9
Part	VIII	Statement of Revenu	Ie						_
		Check if Schedule O contain	s a response o	or no	te to any line in this	Part VIII • • •			<u> []</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns • • •		1a					
unt	b	Membership dues • • • • •		1b					
Amo Amo	c	Fundraising events	[	1c					
Gifts lar /	d	Related organizations • • •	L	1d					
ns, e	e	Government grants (contribution	ons) · ·	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gra	ants,						
Oth		and similar amounts not includ	ed above	1f	972,606				
Cont	g	Noncash contributions included			487,656				
0	h	Total. Add lines 1a-1f · ·		• •	►	972,606			
					Business Code				
enu	1	RESIDENCE AND VOCATI	ON		623990	38,565	38,565		
Rev	b								
vice	C								
Ser	d								
Program Service Revenue	e								
Proć		All other program service revent							
	<u> </u>	Total. Add lines 2a-2f			•••••	38,565			
	3	Investment income (including di and other similar amounts)			•				
	4	Income from investment of tax-e			ł				
	5	Royalties · · · · · · · · · · ·	•						
	1		(i) Real		(ii) Personal				
	62	Gross rents	(I) Real		(ii) Personai				
		Less: rental expenses · · · ·							
	1	Rental income or (loss)							
		Net rental income or (loss)							
		Gross amount from sales of	(i) Securities		(ii) Other				
	/a	assets other than inventory		320					
	h	Less: cost or other basis			/	<b>^</b>			
	<sup>~</sup>	and sales expenses							
	c	Gain or (loss)	(	320	) (220	)			
	d	Net gain or (loss) · · · · ·				(540)	(540)	)	
anı	8a	Gross income from fundraising							
ven		events (not including \$		_					
Other Revenue		of contributions reported on line	1c).						
her		See Part IV, line 18 · · · ·			15,456				
ð	b	Less: direct expenses •••		b	50,314				
	c	Net income or (loss) from fundra	aising events	•		(34,858)			(34,858)
	9a	Gross income from gaming activ							
		See Part IV, line 19 · · · · ·							
	1	Less: direct expenses • • •							
	c	Net income or (loss) from gamir	ng activities	• •	· · · · · · •				
	10a	Gross sales of inventory, less							
	Ι.	returns and allowances • • •							
	1	Less: cost of goods sold •••			L				
	c	Net income or (loss) from sales	of inventory	• •					
	44 -	Miscellaneous Revenue			Business Code				
	11a b								
	c d	All other revenue		_	900099				
		Total. Add lines 11a-11d							
	1	Total revenue. See instructions				975,773	38,025	0	(34,858)

Form 990 (2018
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	Check if Schedule O contains a response or note to a			<u> </u>	<u></u>
	ot include amounts reported on lines 6b, 7b, b, 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	11,100	11,100		
3	Grants and other assistance to foreign	11,100	11,100		
-	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	89,891	70,353	10,832	8,706
5	Compensation not included above, to disqualified	09,091	10,555	10,852	0,700
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	E11 400	400 067	61 606	40 520
3	Pension plan accruals and contributions (include	511,423	400,267	61,626	49,530
,	section 401(k) and 403(b) employer contributions)				
		0.67		0.07	
9	Other employee benefits · · · · · · · · · · · · · · · · · · ·	867	44.004	867	F 465
0	· · ·	56,438	44,234	6,739	5,465
1	Fees for services (non-employees):         Management				
a ⊾					
b					
C	-	10,111		10,111	
d					
e	Professional fundraising services. See Part IV, line 17	14,825			14,825
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.) • •				
2	Advertising and promotion				
3	Office expenses				
4	Information technology	72,547	71,827	720	
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6	Occupancy	82,501	52,507	26,919	3,075
7	Travel • • • • • • • • • • • • • • • • • • •	16,829	15,202	1,572	55
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
9	Conferences, conventions, and meetings				
0	Interest • • • • • • • • • • • • • • • • • • •				
1	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
2	Depreciation, depletion, and amortization • • • • • •	29,368	25,407	3,961	
3	Insurance	44,964	36,554	8,410	
4	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.)				
а	FURNISHINGS AND REPAIRS	18,004	7,785	10,219	
b	BANK/MERCHANT FEES	24,034	736	22,794	504
с	FOOD	18,747	18,747		
d	SUPPLIES	12,207	5,686	3,629	2,892
е	All other expenses	78,427	62,796	14,424	1,207
5	Total functional expenses. Add lines 1 through 24e	1,092,283	823,201	182,823	86,259
6	Joint costs. Complete this line only if the	_,,200		,•	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

## Form 990 (2018 Part X

8)	The	Samaritan	Women,	Inc.
Balance	Sheet			

art A	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
	And an island having	Beginning of year		End of year
1	Cash - non-interest-bearing	606,040	1	380,89
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	787,724	3	358,37
4	Accounts receivable, net		4	27,97
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	447,52
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	881	9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 924, 671			
b	Less: accumulated depreciation 10b 112,305	802,021	10c	812,3
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	48,235	12	69,2
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,244,901	16	2,096,43
17	Accounts payable and accrued expenses	40,983	17	30,02
18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
19			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	
22	Secured mortgages and notes payable to unrelated third parties	211,313	23	191,78
24	Unsecured notes and loans payable to unrelated third parties	211,313	24	191,70
25	Other liabilities (including federal income tax, payables to related third			
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1 402	25	
26	Total liabilities. Add lines 17 through 25	1,483	26	0.01 0/
20	Organizations that follow SFAS 117 (ASC 958), check here	253,779	20	221,80
	complete lines 27 through 29, and lines 33 and 34.			
27		600 504	27	1 105 0
	Temporarily restricted net assets	628,584	28	1,195,3
28	Permanently restricted net assets	1,362,538	20	679,2
29	_		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here  and  complete lines 20 through 24			
	complete lines 30 through 34.		20	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,991,122	33	1,874,61
34	Total liabilities and net assets/fund balances	2,244,901	34	2,096,41

Form 990	(2018) The Samaritan Women, Inc. 7	4-323108	9	Pa	age <b>12</b>
Part X	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				• 🛛
1 Tota	al revenue (must equal Part VIII, column (A), line 12)	1	ç	75,	773
<b>2</b> Tota	al expenses (must equal Part IX, column (A), line 25)	2	1,0	92,2	283
3 Rev	venue less expenses. Subtract line 2 from line 1	3	(1	.16,	510)
4 Net	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,9	91,1	122
5 Net	unrealized gains (losses) on investments	5			
6 Dor	nated services and use of facilities	6			
7 Inve	estment expenses	7			
8 Pric	or period adjustments	8			
9 Oth	er changes in net assets or fund balances (explain in Schedule O)	9			0
10 Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	column (B)) ••••••••••••••••••••••••••••••••••	10	1,8	374,0	612
Part X					_
	Check if Schedule O contains a response or note to any line in this Part XII			• • •	<u>∙⊔</u>
				Yes	No
<b>1</b> Acc	counting method used to prepare the Form 990: 📋 Cash 🛛 🔀 Accrual 📋 Other				
	e organization changed its method of accounting from a prior year or checked "Other," explain in				
	nedule O.				
<b>2a</b> We	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
lf "۱	es," check a box below to indicate whether the financial statements for the year were compiled or				
revi	iewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	re the organization's financial statements audited by an independent accountant?		2b	Х	
	es," check a box below to indicate whether the financial statements for the year were audited on a				
sep	arate basis, consolidated basis, or both:				
	Separate basis 🔯 Consolidated basis 🔄 Both consolidated and separate basis				
	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	e organization changed either its oversight process or selection process during the tax year, explain in				
	nedule O.				
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	Single Audit Act and OMB Circular A-133?		3a		Х
	$\prime$ es," did the organization undergo the required audit or audits? If the organization did not undergo the				
req	uired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000 (/	

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Form **990** (2018)

s	С	Н	Ε	D	U	L	Е	Α
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# **Public Charity Status and Public Support**

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

OMB No. 1545-0047

2018

(Form 990 or 990-EZ)	ľ
Department of the Treasury	
Internal Revenue Service	

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions a						ons and the	e latest inf	ormation.	Insp	ection
Name	of th	e organization						Employer identific	ation number	
The	Sa	maritan Wo	men, Inc.					74-32310	89	
Pa	rt I	Reason	for Public Charity	<b>y Status</b> (All or	ganizations must co	omplete	this part	.) See instruction	IS.	
The o	orga	nization is not a	private foundation beca	use it is: (For lines	1 through 12, check only	one box.)				
1		A church, conv	ention of churches, or a	ssociation of church	nes described in section 1	70(b)(1)(A	.)(i).			
2		A school descr	ool described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a	cooperative hospital ser	rvice organization de	escribed in section 170(b	)(1)(A)(iii).				
4		A medical rese	arch organization opera	arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name	e, city, and state:							
5		An organization	n operated for the bene	fit of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in		
		section 170(b)	(1)(A)(iv). (Complete P	art II.)						
6		A federal, state	, or local government o	r governmental unit	described in section 170(	(b)(1)(A)(v)	).			
7		An organization	n that normally receives	a substantial part o	of its support from a gove	rnmental u	nit or from	the general public		
		described in <b>se</b>	ction 170(b)(1)(A)(vi).	(Complete Part II.)						
8		A community t	rust described in <b>sectio</b>	n 170(b)(1)(A)(vi). (	Complete Part II.)					
9		An agricultural	research organization d	lescribed in <b>section</b>	170(b)(1)(A)(ix) operated	d in conjune	ction with a	land-grant college		
		or university or	a non-land-grant collect	ge of agriculture (se	e instructions). Enter the	name, city,	and state	of the college or		
	_	university:								
10	Х	An organization	n that normally receives	s: (1) more than 33 ′	1/3% of its support from c	ontribution	s, member	ship fees, and gross		
		receipts from a	ctivities related to its ex	empt functions - su	bject to certain exception	s, and (2) r	no more th	an 33 1/3% of its		
		support from g	ross investment income	e and unrelated busi	iness taxable income (les	s section 5	511 tax) fro	m businesses		
			•		tion 509(a)(2). (Complete	,				
11	Ц	•	•	•	for public safety. See sec	•				
12		•	•	•	e benefit of, to perform th					
					in section 509(a)(1) or se					
			-		type of supporting organ				g.	
	а				d, or controlled by its supp		. ,			
					appoint or elect a majority	of the aire	ctors or tru	istees of the		
	h		organization. You mus	•		aupported	orgonizati	on(o) by boying		
	b			•	olled in connection with its		•	.,		
					n vested in the same pers			anage the supported		
	с		on(s). You must compl		zation operated in connect	tion with a	nd function	ally integrated with		
	C				nust complete Part IV, Se	-		ally integrated with,		
	d		• • • • •	,	rganization operated in co			orted organization(s)		
	ŭ				enerally must satisfy a dist			• • • • •		
					Part IV, Sections A and D		•			
	е	_			letermination from the IRS			ne II Type III		
	Ū				egrated supporting organi			po II, Typo III		
	f		per of supported organiz	-	• • • • • • • • • • • • • •					
	g		owing information abou		anization(s).					L
		) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of
	•		•		(described on lines 1-10	listed in you	Ir governing	support (see	other supp	
					above (see instructions))	docum	ent?	instructions)	instruct	ions)
						Yes	No			
(A)										
(A)										
(B)										
(D)										
(C)										
(D)										
(E)										
Tota										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

-	ule A (Form 990 or 990-EZ) 2018 The	Samaritan Wo	omen, Inc.			74-323108	9 Page 2
Pa	rt II Support Schedule for Org	ganizations D	escribed in S	ections 170(b)	)(1)(A)(iv) and <sup>•</sup>	170(b)(1)(A)(vi	)
	(Complete only if you chec	ked the box or	n line 5, 7, or 8	of Part I or if t	he organization	failed to qualif	y under
	Part III. If the organization f	ails to qualify	under the tests	s listed below, j	please complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Citta granta contributions and						
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
-	, C ,						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge • • • • • •						
4	Total. Add lines 1 through 3 · · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) • • • • • •						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•			•	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities, etc. (se	,				12	
13	First five years. If the Form 990 is for the org organization, check this box and stop here			•	section 501(c)(3)		▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, ca		-	0)		14	%
15	Public support percentage from 2017 Schedu						%
16a	33 1/3% support test - 2018. If the organizat					· · · ·	
	box and <b>stop here</b> . The organization qualifies						🕨 🗖
b	33 1/3% support test - 2017. If the organizat						
	this box and <b>stop here</b> . The organization qua				• • • • • • • • • • •		
17a	• • •						
174	10% or more, and if the organization meets the	-					
	Part VI how the organization meets the "facts		,			1	
	organization						
Ŀ.	•						🗆
b	10%-facts-and-circumstances test - 2017.	0					
	15 is 10% or more, and if the organization me				-		
	Explain in Part VI how the organization meets			• •			
40	supported organization						· · · · 🕨 📋
18	Private foundation. If the organization did no						
	instructions						
EEA						Schedule A (Fo	rm 990 or 990-EZ) 2018

		Samaritan Wo				74-3231089	Page <b>3</b>
Pa	art III Support Schedule for Org						
	(Complete only if you check						Part II.
0	If the organization fails to q	ualify under the	e tests listed be	elow, please co	mplete Part II.	)	
	ction A. Public Support	( ) 00 ( (	<i>"</i> ) 00.15	( ) 00 ( 0	( 1) 00 (7	( ) 00 ( 0	
Cale	endar 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.")	581,773	704,870	1,006,253	1,776,551	484,950	4,554,397
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	581,773	704,870	1,006,253	1,776,551	484,950	4,554,397
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						
С	Add lines 7a and 7b • • • • • • • • • • • • • • • • • •						
8	Public support. (Subtract line 7c from line 6.)						4,554,397
See	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊺otal
9	Amounts from line 6 • • • • • • • • • • • • • • •	581,773	704,870	1,006,253	1,776,551	484,950	4,554,397
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 • • • • • • • •						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •	581,773	704,870	1,006,253	1,776,551	484,950	4,554,397
14	First five years. If the Form 990 is for the orga organization, check this box and stop here						► 🔲
	ction C. Computation of Public Su	••	-				
15	Public support percentage for 2018 (line 8, co						.00.00 %
16 Sou	Public support percentage from 2017 Schedul					16	90.20 %
5ee	ction D. Computation of Investmen Investment income percentage for 2018 (line 1		-	an (f))		17	0.00 %
17	Investment income percentage for 2018 (line 1 Investment income percentage from 2017 Sch					17	0.00 %
	33 1/3% support tests - 2018. If the organizat	ion did not check the	e box on line 14, an	d line 15 is more tha	an 33 1/3%, and line	)	
b	17 is not more than 33 1/3%, check this box an <b>33 1/3% support tests - 2017.</b> If the organizat line 18 is not more than 33 1/3%, check this bo	ion did not check a l	box on line 14 or line	e 19a, and line 16 is	more than 33 1/3%		
20	Private foundation. If the organization did not		•			· · · · · · · · · · · · · · · · · · ·	

	Le A (Form 990 or 990-EZ) 2018 The Samaritan Women, Inc. 74-32310	89	F	Page 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	-	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
D.	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
12	Was any supported organization not organized in the United States ("foreign supported organization")? If	JU		
+a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4d		
b				
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	46		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ju		
U	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
-		30		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0.0		
40-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9c		
1 <b>0a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
-	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A (	Form 990	or 990-E	Z) 2018

Page 4

Schedule A (Form 990 or 990-EZ) 2018

l	Par	rt IV Supporting Organizations (continued)			1
				Yes	No
		Has the organization accepted a gift or contribution from any of the following persons?			
	а	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		
		A family member of a person described in (a) above?	11b		
-		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> tion B. Type I Supporting Organizations	11c		
-	Sec			Yes	No
	1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NU
	•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		controlled the organization's activities. If the organization had more than one supported organization,			
		describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
-	Sec	tion 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)? If "No," describe in <b>Part VI</b> how control			
		or management of the supporting organization was vested in the same persons that controlled or managed			
-	500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
-	Sec	tion 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		163	NO
	•	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 <b>Part VI</b> how</i>	2		
		the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
-	_	supported organizations played in this regard.	3		
-		tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	uctio	1S).	
	a h	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
	b C		o inst	ructio	ne)
	2	Activities Test. Answer (a) and (b) below.	e 11 i i i	Yes	No
		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
	ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		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.	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? 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.	2b		
		Parent of Supported Organizations. Answer (a) and (b) below.			
	а	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 <b>Part VI</b> the role played by the organization in this regard.</i>	26		
		UNIS SUDUOLED OLDANIZATIONS ( IF YES, DESCRIDE IN <b>PART VI</b> THE FOLE DIAVED BY THE OLDANIZATION IN THIS REDARD.	3b	.	

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74-3231089

Schedule A (Form 990 or 990-EZ) 2018

The Samaritan Women, Inc.

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018         The Samaritan Women, Inc.           Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Or	aaniz	74-32	31089 Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying t	-		n in Part VI), <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz			
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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 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 Check here if the current year is the organization's first as a non-functionally instructions).	integra	ated Type III supporting	g organization (see

EEA

Schedule A (Form 990 or 990-EZ) 2018

redule A (Form 990 or 990-EZ) 2018 The Samaritan Women, Ir Part V Type III Non-Functionally Integrated 509 (a)	)(3) Supporting Organiz	74-323 ations (continued)	8 <b>1089</b> Pag
ection D - Distributions	(() <b>Cappo</b>		Current Year
Amounts paid to supported organizations to accomplish ex	empt purposes		
2 Amounts paid to perform activity that directly furthers exen			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organizati	ons	
Amounts paid to acquire exempt-use assets	-		
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
B Distributions to attentive supported organizations to which	the organization is respons	ive	
(provide details in <b>Part VI</b> ). See instructions.			
Distributable amount for 2018 from Section C, line 6			
<b>0</b> 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
Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018			
(reasonable cause required - explain in <b>Part VI</b> ). See			
instructions.			
B Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> 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.			
J Distributions for 2018 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
<ul> <li>b Applied to 2018 distributions of phot years</li> </ul>			
c Remainder. Subtract lines 4a and 4b from 4.			
<ul> <li>Remaining underdistributions for years prior to 2018, if</li> </ul>			
any. Subtract lines 3g and 4a from line 2. For result			
· ·			
greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4h from line 1. For routh graater than zero, explain in			
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.			
Breakdown of line 7:			
a Excess from 2014			
<b>b</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.)

SCHEDULE D		Suppler	OMB No. 1545-0047		
(Form 990)		► Complete if t	2018		
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2010
Depart	ment of the Treasury			Open to Public	
Interna	Revenue Service	► Go to www.irs.gov/F	orm990 for instructions and the latest information		Inspection
	of the organization			Employer identifi	
		n Women, Inc.		74-323	1089
Pa		-	d Funds or Other Similar Funds or Accou	unts.	
	Complete	if the organization answered "Ye			
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •	(a) Donor advised funds	(b) Funds and	other accounts
2		contributions to (during year)			
3		grants from (during year)			
4	Aggregate value at				
5		•	in writing that the assets held in donor advised		
	•	nization's property, subject to the organ	-		🗌 Yes 🗌 No
6	-		or advisors in writing that grant funds can be used		
	-		donor or donor advisor, or for any other purpose		
					· · · 🗌 Yes 🗌 No
Pa	t II Conserv	vation Easements.			
	Complete	e if the organization answered "Ye	es" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organi	zation (check all that apply).		
	Preservation of	f land for public use (e.g., recreation or	education) Preservation of a historica	ally important land ar	ea
	Protection of na	atural habitat	Preservation of a certified	historic structure	
	Preservation of	f open space			
2	Complete lines 2a t	through 2d if the organization held a qu	alified conservation contribution in the form of a co	onservation	
		ist day of the tax year.			he End of the Tax Year
а		nservation easements •••••	• • • • • • • • • • • • • • • • • • • •	· · 2a	
b	•	icted by conservation easements		· · 2b	
C		ration easements on a certified historic		· · 2c	
d		ration easements included in (c) acquir			
		ited in the Hatterian Hogister		•• 2d	
3		ation easements modified, transferred	released, extinguished, or terminated by the organ	nization during the	
	tax year	where are a the second states			
4		where property subject to conservation			
5	-	procement of the conservation easemen	periodic monitoring, inspection, handling of		Yes No
6	,		g, handling of violations, and enforcing conservation		
0		nours devoted to monitoring, inspecti	g, handling of violations, and enforcing conservation	on easements during	ule year
7	Amount of expense	 as incurred in monitoring inspecting by	andling of violations, and enforcing conservation ea	sements during the	lear
•	► \$				
8		vation easement reported on line 2(d) a	bove satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)				· · · 🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conser	ation easements in its revenue and expense state	ment, and	
	balance sheet, and	include, if applicable, the text of the fo	otnote to the organization's financial statements that	at describes the	
		ounting for conservation easements.			
Pa		-	ons of Art, Historical Treasures, or 0	Other Similar As	ssets.
	Complet	te if the organization answered "ነ	es" on Form 990, Part IV, line 8.		
1a	-	-	ASC 958), not to report in its revenue statement a		
	works of art, histori	cal treasures, or other similar assets h	eld for public exhibition, education, or research in f	urtherance of	
	public service, prov	vide, in Part XIII, the text of the footnote	to its financial statements that describes these iter	ms.	
b	-		ASC 958), to report in its revenue statement and b		
			eld for public exhibition, education, or research in f	urtherance of	
	public service, prov	vide the following amounts relating to the	ese items:		
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		· · · · · · • \$	
	(ii) Assets included	d in Form 990, Part X • • • • • •		· · · · · · • \$	
2	-		treasures, or other similar assets for financial gain	, provide the	
		required to be reported under SFAS 11			
a					
b				· · · · · · • \$	
For F	aperwork Reduction	on Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2018

For Paperwork	Reduction	Act Notice	, see the	Instructions	tor	For

	ule D (Form 990) 2018 The Samaritan M	Women, Inc.				74-32310		age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or	r Other S	imilar Asset	s (continued)	)
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the follow	ing that are a si	ignificant us	e of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	n or exchange progr	ams				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how	they further the org	anization's exer	npt purpose	e in Part		
	XIII.							
5	During the year, did the organization solicit or rec	eive donations of art,	historical treasures	, or other simila	r			
	assets to be sold to raise funds rather than to be		f the organization's o	collection?			. 🗌 Yes 🗌	] No
Par	t IV Escrow and Custodial Arrang							
	Complete if the organization ar	nswered "Yes" or	n Form 990, Pa	rt IV, line 9,	or report	ed an amoun	t on Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian c							
	included on Form 990, Part X? •••••						• 🗌 Yes 🗌	] No
b	If "Yes," explain the arrangement in Part XIII and	complete the followin	ng table:					
						Amou	unt	
С	Beginning balance				· 1c			
d	Additions during the year •••••••				• 1d			
е	Diet ibulerie uning the year							
f	Ending balance		• • • • • • • • • •		• 1f			
2a	Did the organization include an amount on Form	990, Part X, line 21, t	for escrow or custod	ial account liabi	ility?		· · 🗌 Yes 📋	No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the explan	ation has been provi	ided on Part XII			[	]
Par								
	Complete if the organization ar	nswered "Yes" or	n Form 990, Pa	rt IV, line 10	•		i	
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four years bad	ck
1a	Beginning of year balance • • • • • • • •							
b	Contributions							
С	Net investment earnings, gains, and							
	losses · · · · · · · · · · · · · · · · · ·							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs • • • • • • • • • • • • • • • • • • •							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current			ld as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment  %							
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possessio	n of the organization	that are held and ad	ministered for th	ne		· · · · ·	
	organization by:						Yes	No
	(i) unrelated organizations		• • • • • • • • • •				3a(i)	
	(ii) related organizations		• • • • • • • • • •				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•					3b	
4	Describe in Part XIII the intended uses of the org		nt funds.					
Par	t VI Land, Buildings, and Equipm			mt 1) / line 11			V line 10	
	Complete if the organization ar							
	Description of property	(a) Cost or oth		or other basis	(c) Accu		(d) Book value	
4-	Land	(investme	sing	(other)	depred	ACTON		
1a ⊾		· · · ·		80,000			80,0	
b	Buildings	••••		779,863		69,783	710,0	80
C d	Leasehold improvements	· · · ·						
d				42,190		23,241	18,9	
e	Other · · · · · · · · · · · · · · · · · · ·		(D) 1	22,618		19,281	3,3	
lotal	. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, co	iumn (B), line 10c.)				812,3	66

Schedule D (Form 990) 2018

Schedule D (Form		Women, Inc.	74-3231089	Page <b>3</b>
Part VII	Investments - Other Securities.			l'a a 40
	Complete if the organization answer	ed "Yes" on Form 990, Par	t IV, line 11b. See Form 990, Part X, I	line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial (				
• •	eld equity interests			
(3) Other				
(A) MONEY	MARKET	69,277	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.	69,277		
		ed "Yes" on Form 990, Par	t IV, line 11c. See Form 990, Part X, I	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)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		t N/ line 41d Dee Form 000 Dert V	line 45
	Complete if the organization answer	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, I	line 15.
	(a)	Description	(b) Bo	ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
		ed "Yes" on Form 990, Par	t IV, line 11e or 11f. See Form 990, P	art X,
	line 25.			
1.	(a) Description of liability	(b) Book value	-	
,	ncome taxes		-	
(2)			-	
(3)			_	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	uncertain tax positions. In Part XIII, provide the tex	t of the footnote to the organization	n's financial statements that reports the	
organization's	liability for uncertain tax positions under FIN 48 (A	SC 740). Check here if the text of t	he footnote has been provided in Part XIII	<u></u> [

		74-3231089	Page <b>4</b>									
Pa	art 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	1,026,087									
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:											
а	Net unrealized gains (losses) on investments											
b	Donated services and use of facilities											
с	Recoveries of prior year grants											
d	Other (Describe in Part XIII.)											
е	Add lines <b>2a</b> through <b>2d</b>	2e	50,314									
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	975,773									
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:											
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a											
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••											
с	Add lines <b>4a</b> and <b>4b</b> • • • • • • • • • • • • • • • • • • •	4c										
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	975,773									
Pa	rt 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	1,142,597									
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:											
а	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••											
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·											
С	Other losses • • • • • • • • • • • • • • • • • •											
d	Other (Describe in Part XIII.)											
е	Add lines 2a through 2d	2e	50,314									
3	Subtract line 2e from line 1	3	1,092,283									
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:											
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a											
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••											
с	Add lines <b>4a</b> and <b>4b</b>	4c										
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	5	1,092,283									
Pa	rt 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.

# 01. Other revenues not included on Form 990 (Part XI, line 2d)

#### FUNDRAISING EXPENSES

FUNDRAISING EXPENSES

SCHEDULE G	Supplemen	tal Informati	on Regar	ding Fun	draising or Gam	ing Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018	
Department of the Treasury		► A	ttach to Form	990 or Form	990-EZ.	-		Open to Public
Internal Revenue Service	►G	o to www.irs.gov/	Form990 for II	nstructions a	nd the latest informatio	n.	Employer ide	Inspection entification number
The Samaritan Wom	on Tha							31089
		Complete if	the organi	zation and	swered "Yes" on	Form 99		
	Z filers are not	•	-				, r arrr,	
1 Indicate whether the	organization raise	d funds through a	any of the follo	owing activit	ies. Check all that app	ly.		
a 🗌 Mail solicitations			е 🗌	Solicitation of	of non-government gra	ints		
b 🗌 Internet and email	solicitations		f 🗌	Solicitation of	of government grants			
c D Phone solicitation	S		g 🗌	Special fund	Iraising events			
d 🗌 In-person solicitat	ions							
2a Did the organization I	nave a written or o	oral agreement w	ith any individ	dual (includin	g officers, directors, tr	ustees,		
or key employees list	ed in Form 990, F	art VII) or entity i	n connection	with profess	ional fundraising servi	ces?	□ Y	es 🗌 No
<b>b</b> If "Yes," list the 10 hig	hest paid individu	als or entities (fu	ndraisers) pu	irsuant to ag	reements under which	the fundra	aiser is to be	
compensated at leas	t \$5,000 by the or	ganization.						
(i) Name and address	of individual		(iii) Did fund	draiser have	(iv) Grass respire		ount paid to	(vi) Amount paid to
<ul> <li>(i) Name and address or entity (fundra)</li> </ul>		(ii) Activity		r control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
	,		contrib	utions?			xol. (i)	organization
			Yes	No				
1								
2								
3								
1.20								
4.								
5 '								
5								
6								
Г <b>°</b>								
,7								
8								
9								
10								
Total · · · · · · · · ·	<u></u>	• • • • • • • • • • •	<u>.</u> .					
3 List all states in which	the organization is	s registered or lic	ensed to solid	cit contributio	ons or has been notifie	d it is exer	mpt from	
registration or licensing	g.							

The Samaritan Women, Inc.

74-3231089

Page 2

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than	<i>\$</i> 3,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Third Party	Veranda	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
Revenue	1	Gross receipts	9,256	6,200		15,456
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	9,256	6,200		15,456
	4	Cash prizes				
	5	Noncash prizes • • • • • • • •				
Se	6	Rent/facility costs • • • • • • •			10,000	10,000
ense						
ďX	7	Food and beverages		3,658	6,202	9,860
сt						
Direct Expenses	8	Entertainment			4,000	4,000
	9	Other direct expenses			26,454	26,454
	10	Direct expense summary. Add lines	4 through 9 in column (d)		••••••	50,314
	11	Net income summary. Subtract line				(34,858)
Pa	rt II		•	Yes" on Form 990, Part I	V, line 19, or reported m	ore
		than \$15,000 on Form 990	)-EZ, line 6a.			
Ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Suu			(a) Dirigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
s	2	Cash prizes · · · · · · · · · ·				
Direct Expenses						
xpe	3	Noncash prizes • • • • • • • •				
Ш ж						
lired	4	Rent/facility costs				
	5	Other direct expenses	_			
	_		<b>Yes</b> %	<b>∐</b> Yes %	∐ Yes%	
	6	Volunteer labor	No	No No	∐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)	• • • • • • • • • • • • •	•••••	
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	n (d) • • • • • • • • • • •		
	_					
9		nter the state(s) in which the organization				
a		aming activities in each of t	hese states?		···· Yes 📙 No	
k		'No," explain:				
t		'No," explain:				
	• If " 				2	
10a	) If " 	ere any of the organization's gaming lie	censes revoked, suspended	l or terminated during the ta	x year?	· · · · ] Yes ] No
	) If " 		censes revoked, suspended	d or terminated during the ta	x year? • • • • • • •	· · · · ] Yes ] No

Schedule G (Form 990 or 990-EZ) 2018

sc	HEDULE I	I	Gra	nts and Other	Assistance to	o Organization	IS,	1	OMB No. 1545-0047	
(Form 990)			Gover	mments, and I	ndividuals in	the United Sta	tes		2018	
-	tment of the Treasury		Complete		swered "Yes" on Fori Attach to Form 990.	m 990, Part IV, line 21 o	or 22.		Open to Public	
	al Revenue Service				ov/Form990 for the la	test information.			Inspection	
	of the organization							Employer identificatio		
	Samaritan Wo	,						74-3231089		
Pa			Grants and Assist							
1	0		substantiate the amount	U U		, ,				
		a used to award the gra							. ⊠Yes ∐No	
2			edures for monitoring the			0 1 1 1 1	·	<u>/ " E 000</u>		
Pa							ganization answered "\	res" on Form 990		
_			ient that received mo			· · ·		(a) Description of		
1	(a) Name and addre or gover	-	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(4)	or gover	intent		(il applicable)	grant		other)			
(1)										
(2)										
(-)										
(3)										
(4)										
(5)										
(6)										
(0)										
(7)										
( )										
(8)										
(9)										
110	<u>,</u>									
(10	)									
2	Enter total number	of section 501(c)(3) an	d government organizati	one listed in the line 1 to				<b>&gt;</b>	2	
		of other organizations I								

74-3231089

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	( <b>c)</b> Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Funded one volunteer for a period of					
1 one year	1	8,100			
Funded one volunteer for a period of					
2 one year	1	3,000			
3					
4					
5					
6					
7					
<b>Part IV</b> Supplemental Information. Provide	the information r	equired in Part I. line	e 2: Part III. columr	i (b): and any other add	itional information.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

20

18

Department of the Treasury
Internal Revenue Service

The Samaritan Women, Inc.

Part I Types of Property

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number	Employer	identification	number
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74-3231089

		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		unts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods • • • • • • • • • • • • • • •						
6	Cars and other vehicles						
7	Boats and planes · · · · · · ·						
8	Intellectual property · · · · · ·						
9	Securities - Publicly traded · · · ·						
10	Securities - Closely held stock $\cdot$ ·						
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 (Note Receivable)	X	1	483,029	Mortgage Ba	lance	
26	Other ►()						
27	Other ►()						
28 29	Other ►( ) Number of Forms 8283 received by	the organizatio	n during the tax year for centri	ibutions for			
29	which the organization completed Fo	-	• •		20		-
	which the organization completed Fo	01111 0203, Fait	TV, DOILEE ACKNOWIEdgement		29	Yes	1 No
30a	During the year, did the organization	racaiva by car	atribution any property reported	d in Part I, lines 1 through		165	NO
30a	28, that it must hold for at least three	-		-			
	to be used for exempt purposes for t						X
b	If "Yes," describe the arrangement in					a	
31	Does the organization have a gift ac		w that requires the review of ar	av popstandard			
31	contributions?			-	3 <sup>.</sup>	1 X	
32a	Does the organization hire or use thi					· A	
<b>52</b> a	contributions?	-	•			2	x
b	If "Yes," describe in Part II.						Δ
33							
	describe in Part II.			milon oolumin (a) is oneoned,			
For F	aperwork Reduction Act Notice, se	e the Instruct	tions for Form 990.		Schedule M (F	orm 990	) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2018**Open to Public

Employer identification number

74-3231089

#### The Samaritan Women, Inc.

#### 01. Form 990 governing body review (Part VI, line 11)

THE 990 IS GIVEN TO BOARD MEMBERS FOR APPROVAL PRIOR TO FILING.

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

STAFF AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST

QUESTIONNAIRE.

03. CEO, executive director, top management comp (Part VI, line 15a)

BOARD REVIEWS SALARY DATA.

#### 04. Other officer or key employee compensation (Part VI, line 15b

BOARD REVIEWS DATA FOR ALL EMPLOYEES.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON

REQUEST.

#### 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

FUNDRAISING EXPENSES

## 07. Part XI, response or note to any line in Part XI

THE ORGANIZATION ACCEPTED A MORTGAGE RECEIVABLE ON ONE OF ITS OPERATING PROPERTIES FROM A

DONOR IN 2018.

EEA

## 08. General explanation attachment

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
The Samaritan Women, Inc.	74-3231089
TRAFFICKING AND TO BRING AN END TO MODERN DAY SLAVERY THROUGH AWARENESS, PRE	VENTION, AND
ADVOCACY.	

	0070 EC	`
Form	8879-EC	,

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

, and ending

OMB No. 1545-1878

2018

Department of the Treasury		
Internal Revenue Service		
Name of exempt organization		

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

74-3231089

The Samaritan Women, Inc.

Name and title of officer

# Jeanne Allert, Executive Director 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.

For calendar year 2018, or fiscal year beginning

	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	975,773
	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c)	

# 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 ta 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.

X   authorize Carol Wolfe-Ralph	to enter my PINas 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 being filed with a state agency(ies) regulating charities as part of ERO to enter my PIN on the return's disclosure consent screen	of the IRS Fed/State program, I also authorize the aforementioned
	ature on the organization's tax year 2018 electronically filed return. being filed with a state agency(ies) regulating charities as part of disclosure consent screen.
Officer's signature	Date ► 10-24-2019
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.	<u>272793 33931</u>
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature o indicated above. I confirm that I am submitting this return in accordance v Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,
ERO's signature	Date

# 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 instructions.

Form 8879-EO (2018)

EEA

	Stateme	ent of Program Service Accomplishments	2018	PG01
Name(s) as shown on return			Your Social Se	curity Number
The Samarit	an Women,	Inc.	7	4-3231089
		Form 990-Part III(a)	Sta	atement #4

Statement of Service Accomplishment

THE INSTITUTE FOR SHELTER CARE IS A 5-YEAR INITIATIVE TO ADDRESS THE NATIONAL DEFICIT OF SHELTER OPTIONS FOR VICTIMS OF SEXUAL EXPLOITATION. TSW PROVIDES TRAINING AND MENTORING TO SUPPORT THE CREATION OF NEW SHELTER PROGRAMS ACROSS THE COUNTRY AND CONDUCTS RESEARCH TO

Grants and allocations included in above expense \$0

IMPROVE PROGRAM OPERATIONS AND THE QUALITY OF CARE FOR SURVIVORS.

\$34378

\$0

Program Service Code Program Service Expenses

Explanation

Program Services Revenue

	<b>2018</b> PG01	
Name(s) as shown on return		Your Social Security Number
The Samaritan Women, Inc.		74-3231089
	Form 990-Part III(b)	Statement #4

	Statement of Ser	vice Accomplishme	ent
Program Service Program Service Grants and allo Program Services	Expenses cations included	in above expense	\$26790 \$0 \$0

# Explanation

THE TSW GRADUATE PROGRAM IS OUR FINAL PHASE OF CARE WITH A PRIMARY FOCUS ON SOCIAL RE-ENTRY. RESIDENTS IN THE GRADUATE PROGRAM HAVE COMPLETED OUR STABILIZATION AND RESTORATIVE PROGRAMS AND HAVE MOVED ON TO SUPPORTIVE INDEPENDENT LIVING. RESIDENTS LIVE IN A SHARED HOUSING ARRANGEMENT AND ARE STILL SERVED BY TSW CASE MANAGEMENT, VOCATIONAL ENTERPRISE, AND SUPPORTIVE COMMUNITY.

	2018	2018 PG01					
Name(s) as shown on return	Tax ID Number	Tax ID Number					
The Samaritan Women	74-	74-3231089					
Form 990 - Schedule D - Part VI - Line 1eStatement #D1eInvestments - OtherDescriptionCost/basisCost/basisBook							
		•	-				
of Investment	(Investment)	(Other)	Depr	Value			
Automobiles	0	22,618	19,281	3,337			
Total	0	22,618	19,281	3,337			