Form	990

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treaty recar Nervos Bance         Under section 501(c), 527, or 4947(q) (10 the Informal Rownee Code (except private Foundations)         Departo PL Inspection           A Forth 2020 call         > 0 to over section 501(c), 527, or 4947(q) (10 the Informal Rownee Code (except private Foundations)         Departor 1, 10 the Section 501(c), 527, or 4947(q) (10 the Informal Rownee Code (except private Foundation).         Inspection           A Forth 2020 call         C Trebs 2020 call         C Trebs 2020 call         C Trebs 2020, and ending         Departor 1, 10 the Section 501(c), 10 the Section 50	Form	55	•	Netum		sinpti		ome	Ιαλ		2020
The information status				Under section 501(c),	527, or 4947(a)(1) of the Interna	al Revenue	e Code (exce	ept priva	te founda	ations)	
A       For the 2002 calledary year, or tax year beginning	Departn	nent of th	e Treasury	Do not en	ter social security numbers on	this form	as it may be	e made p	oublic.		Open to Public
B       Charter of constraint The Samari Lam Koman, Inc.       D       Demoty-endendication of Constraint C	_					ictions and	d the latest ir	nformati	on.		Inspection
Image: charge       Image barge	A F	or the 2	2020 calenda	r year, or tax year begin	ning		, 2020, a	nd endir	ng		,
Image: space space in the space sp	B Cr	neck if ap	plicable:	C Name of organization Th	ne Samaritan Women, I	nc.				D Emplo	yer identification number
Image: Second State St		dress ch	ange	Doing business as							74-3231089
□       Instruction       Core store, state or survey, and 20 or through possibilities       G. Crass meansysis         □       Application particing       Same as a calculate of phycipal difficit. Jeanna Allert       Help between particing and the calculate of the physical difficit. Jeanna Allert       Help between particing. Some as a calculate of physical difficit. Jeanna Allert       Help between particing. Some as a calculate of physical difficit. Jeanna Allert       Help between particing. Some and the calculate of physical difficit. Jeanna Allert       Help between particing. Some and the calculate of the physical difficit. Jeanna Allert       Help between particing. Some and the calculate of the physical difficit. Jeanna Allert       Help between particing. Some and the calculate of the physical difficit. Jeanna Allert         I       Instate of max difficit. Jeanna Allert       Help between particing. Some and the calculate and the calculate of the physical difficit. Jeanna Allert       Help between particing. Some and the calculate of the physical difficit. Jeanna Allert         I       Instate of max difficit. Jeanna Allert       Help between particing. Some and the calculate and the calculate of the physical difficit. Jeanna Allert       Help between particing. Some and the calculate and the	Na Na	ame chan	ge	Number and street (or P.	O. box if mail is not delivered to street add	lress)		Room/suit	e	E Teleph	one number
Image: state of the state of concept (find)       3       69         Approximation (state)       The and access of concept (find)       100	Ini	tial returr	ו	602 S Chapel (	Gate Ln						(443)858-7796
	Fir	nal return	/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal co	ode				G Gross	receipts
Same as 0 above       H(a) As 1 accordences recard()       Yet         The average status       B 000(00)       (100)(01)       (100)(01)       (100)         Westest:       http://www.thesamaritianwomen.org       H(a) Assister       H(b) Assister of the accordences recard()       No         PartI       Summary       L Wester of manufactors       Normal Lets Set accordences recard()       No         PartI       B defly describe the organization's mission or most significant activities:       The ORGANIZATION IS A NATIONAL CHRISTIAN         PartI       B defly describe the organization's mission or most significant activities:       The ORGANIZATION HORGE MISSION       NATIONAL CHRISTIAN         SerVICES       IN CondentNITLES OF GREATEST INEED, AND THE QUALITY OF CARE PICE TABLELISHING SPECIALIZED SHEED       SerVICES         4       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       4       5         5       Total number of individuals employed in calendar year 2020 (Part VI, line 2a)       6       5         6       Total number of individuals employed in calendar year 2020 (Part VI, line 2a)       5       5         6       Total number of individuals employed in calendar year 2020 (Part VI, line 2a)       5       5         7       Total numb	Ar	mended re	eturn	Baltimore, MD	21229					\$	696,290
Image: mean state       ■ Sofie(2)       ■ Sofie(2)       ■ Grand and another and a software and software and software and soft	Ap	plication	pending	F Name and address of pri	ncipal officer: Jeanne Allert				H(a) Is this a	group return fo	r subordinates? Yes X No
weaker       http://www.thesamaritanvomen.org       Hold Goop exemption number >         R       Form of organization       Total Association       Organization       Not State of tend derivative MD         Part I       Summary       1       State of tend derivative MD       The organization's mission or most significant activities:       THE ORGANIZATION IS A NATIONAL CHRISTIAN         9       ORGANIZATION MHOSE MISSION IS TO IMPROVE ACCESS TO CARE BY BESTABLISHING SPECTALIZED SING SPECTALIZED SP					/e				H(b) Are all	subordinate	s included?
Form of constraint       Is can be accessed       Test       A secondaria       Other >       Is the origanization's mission or most significant activities:       THE ORGANIZATION 15 A NATIONAL CHRISTIAN         Part I       State of sequences       MO         ORGANIZATION WHOSE MISSION 15 TO IMPROVE ACCESS TO CARE BY ESTABLISHING SPECTALIZED SHEED       State of sequences       MO         ORGANIZATION WHOSE MISSION 15 TO IMPROVE ACCESS TO CARE BY ESTABLISHING SPECTALIZED SHEED       State of sequences       MI         SERVICES 11 COMMUNITIES CO CREATEST PARINERSHIPS.       Constraints       A       A         2       Check this box >	I Ta	x-exempt	status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) o	r 5	27		lf "No,'	" attach a list	. See instructions
Part II Summary         The Single describe the organization's mission or most significant activities: THE ORGANIZATION IS A NATIONAL CHRISTIAN ORGANIZATION WHOSE MISSION IS TO IMPROVE ACCESS TO CARE BY ESTABLISHING SPECTALIZED SHEI SERVICES IN COMMUNITIES OF GREATEST NEED, AND THE QUALITY OF CARE FOR SURVIVORS THROUGH. RESERRCH, STATET TRAINING, AND RECIPCOCAL PARTNERRIFIES.         2 Check this box ▶   If the organization's mission or most significant activities: The ORGANIZATION TO ACCESS TO CARE BY ESTABLISHING SPECTALIZED SHEI SERVICES IN COMMUNITIES OF GREATEST NEED, AND THE QUALITY OF CARE FOR SURVIVORS THROUGH. RESERRCH, STATET TRAINING, AND RECIPCOCAL PARTNERRIFIES.         3 Number of volting members of the governing body (Part VI, line 1a)       1         4 Number of independent voling members of the governing body (Part VI, line 1a)       4         5 Total number of outivalus employed in calendary year 2020 (Part VI, line 1a)       5         6 Total number of outivalus enployed in Calendary year 2020 (Part VI, line 1a)       5         7 Total unrelated business taxable income from Form 990-T, Part I, line 11       7a         8 Contributions and grants (Part VIII, column (A), lines 2, 4, and 7a)       (13.5)         10 Investment income (Part VIII, column (A), lines 3, 4, and 7a)       (11.6, 862)         11 Other revenue (Part VIII, column (A), lines 1-9       2, 10.2, 027         13 Grants and similar amounts paid (Part IX, column (A), lines 1-9       53.3, 961         14 Beerefits paid to orde members (Part IX, column (A), lines 1-9       1, 053, 7	JW	ebsite:							H(c) Group	exemption n	umber 🕨
1       Briefly describe the organization's mission or most significant activities:       THE ORGANIZATION IS A NATIONAL CHRISTIAN ORGANIZATION WROSE MISSION IS YO IMPROVE ACCESS TO CARE BY SSTABLISHING SPECIALIZED SHUE SERVICES IN COMMUNTIES OF GREATEST NEED, AND THE QUALITY OF CARE FOR SURVIVORS THROUGH RESERACH, STAFF TRAINING, AND RECIFROCAL PARTNERSHIPS.         2       Check this box → □ if the organization discontinue dis operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)         5       Total number of individuals employed in calendary area? 2020 (Part VI, line 2a)         6       Total number of individuals employed in calendary area? 2020 (Part VI, line 2a)         7       Total number of volunteers (semmate if necessary)         7       Total number of volunteers (semmate if necessary)         7       Total number of notividuals employed in calendary area?         8       Contributions and grants (Part VIII, loculum (A), lines 3, 4, and 7d)         10       Dire revenue (Part VIII, coluum (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, coluum (A), lines 4, 6d, 5e, 10c, and 11e)         12       Total runther or individuals employed and K, coluum (A), lines 1-20         13       Grants and similar amounts gaid (Part X, coluum (A), lines 1-20         14       Benefits paid to of or members (Part X, coluum (A), lines 1-20         15       Salaries, other					ociation 🔄 Other 🕨	L	Year of formation	on: 200	7 M	State of lega	I domicile: MD
ORGANIZATION WHOSE MISSION IS TO IMPROVE ACCESS TO CARE BY ESTABLISHING SPECIALIZED SHEI         SERVICES IN COMMUNITIES OF GREATEST NEED, AND THE QUALITY OF CARE FOR SURVIVORS THROUGH         ESERACH, STAFF TRAINING, AND RECIFENCAL PARTNERHIPS.         2 Check this box      the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of individuals employed in calendary year 2020 (Part VI, line 1a)         4 Number of individuals employed in calendary year 2020 (Part VI, line 2a)         5 Total number of undividuals employed in calendary year 2020 (Part VI, line 2a)         6 Total number of undividuals employed in calendary year 2020 (Part VI, line 2a)         7 Total number of undividuals employed in calendary year 2020 (Part VI, line 1a)         8 Contributions and grants (Part VIII, column (C), line 12         9 Program service revenue (Part VIII, column (A), line 10)         10 three revenue (Part VIII, column (A), lines 3, 4, and 7d)         11 Other revenue (Part VIII, column (A), lines 4.1, and 7d)         12 Total increase function (Part VIII, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), lines 4.1)         15 Stafes, other compensation, employee benefits (Part IX, column (A), lines 4.1)         16 Total fundraising expenses (Part IX, column (A), line 12)         17 Other expenses (Part IX, column (A), line 14.1)         16 Professional fundraising expenses, Subtract line 18 from line 20 <td< td=""><td>Par</td><td>tl</td><td>Summary</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Par	tl	Summary	1							
SERVICES IN COMMUNITIES OF GREATEST NEED, AND THE QUALITY OF CARE FOR SURVIVORS THROUGH RESEARCH, STAFF TRAINING, AND RECIPROCAL PARTNERSHIPS.         2       Check this box + □ f the organization discontinued is operations or disposed of more than 25% of its net assets.         3       Number of volting members of the governing body (Part VI, line 1a)         4       Number of individuals employed in calendar year 2020 (Part V, line 2a)         5       Total number of individuals employed in calendar year 2020 (Part V, line 2a)         6       6         7a       Total number of voltimes (settimate if necessary)         7a       Total number of voltimes (settimate if necessary)         7a       Total number of voltimes (Part VIII, line 1h)         9       Program service revenue (Part VIII, line 7a)         9       Program service revenue (Part VIII, line 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)         12       Total revenue (Part VIII, column (A), lines 3, 4, and 7d)         13       Grants and similar amounts paid (Part K), column (A), lines 5-10)         14       Benefits paid to or for members (Part K), column (A), lines 5-10)         15       Salares, other compensation, employee benefits (Part K), column (A), lines 5-10)         16       Professional fundraising expresse (Part K, column (A), lines 15-10)         17       Other expenses (Part		1 1	Briefly describ	e the organization's missi	on or most significant activities:	THE	ORGANIZA	TION 1	IS A NA	TIONAL	CHRISTIAN
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	e	9	ORGANIZAT	ION WHOSE MISSIC	N IS TO IMPROVE ACCE	SS TO C	CARE BY E	STABL	ISHING	SPECI	ALIZED SHELTER
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	anc	1	SERVICES	IN COMMUNITIES C	F GREATEST NEED, AND	THE QU	JALITY OF	CARE	FOR S	URVIVO	RS THROUGH
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	ern	-									
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	200				•	•				1 1	
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	∞ð										8
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	ies										7
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	iviti									-	24
Ya       Total unrelated business revenue from Form 990-T, Part I, line 11       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         g       0       Contributions and grants (Part VIII, line 2g)       2, 022, 052       63         g       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       (135)       11         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0c, and 11e)       (16, 862)       11         12       Total arevenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), line 4)       14       Benefits paid to or for members (Part IX, column (A), line 4)       15         14       Benefits paid to or for members (Part IX, column (A), line 25)       220, 939       353, 961       52         17       Other expenses (Part IX, column (A), line 12       1, 048, 317       (68         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 048, 317       (68         18       Total inabilities (Part X, line 16)       2, 289, 429       2, 20       22       2, 889, 429	Acti	6	Total number	of volunteers (estimate if r	necessary)					. 6	180
8       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, lines 2g)       90,972       2         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       (1335)       90,972       2         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 5e, 10e, and 11e)       (16,862)       1353,90         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       2,102,027       67         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       14       16,99,749       83         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       16       699,749       83         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       699,749       83         16       Total expenses (Part IX, column (A), lines 116, 116, 116, 240       1,053,710       1,35         17       Other expenses (Part IX, column (A), line 12       1,053,710       1,35         18       Total expenses. Subtract line 18 from line 20       2,20,939       1,048,317       (66         20       Total assets (Part X, line 26)       2,1009       2,589       2,200       2,200         21       Total assets (Part		7a <sup>-</sup>	Total unrelate	d business revenue from F	Part VIII, column (C), line 12						0
8       Contributions and grants (Part VIII, line 1h)       2,028,052       63         9       Program service revenue (Part VIII, line 2g)       90,972       2         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       (135)       (135)         11       Chter revenue (Part VIII, olumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       (16,862)       (16,862)         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)		b	Net unrelated	business taxable income	from Form 990-T, Part I, line 11					. 7b	0
9       Program service revenue (Part VIII, column (A), lines 3, 4, and 70)       90, 972       2         10       Investment income (Part VIII, column (A), lines 3, 4, and 70)       (135)         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       (16, 862)         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 102, 027       67         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)									Prior Year		Current Year
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,102,027       67         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)	~								2,028	8,052	639,099
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,102,027       67         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)	nu		-						90	0,972	23,024
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,102,027       67         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)	êve									(135)	1,510
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ř								(16	6,862)	8,532
14       Benefits paid to or for members (Part IX, column (A), line 4)       699,749         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       699,749         16a       Professional fundraising expenses (Part IX, column (A), line 1e)       699,749         16a       Professional fundraising expenses (Part IX, column (A), line 25)       220,939         17       Other expenses (Part IX, column (A), line 11e)       353,961         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,053,710         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317         19       Revenue less expenses. Subtract line 18 from line 12       21,048,317         20       Total assets (Part X, line 26)       21,048,317         21       Total lassets (Part X, line 26)       231,580         21       Total lassets or fund balances. Subtract line 21 from line 20       2,889,429       2,20         Part II       Signature Block       Signature of officer       2,889,429       2,20         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Jeanne Aller				• (					2,102	2,027	672,165
99       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       699,749       83         16a       Professional fundraising fees (Part IX, column (A), line 11e)       220,939       353,961       52         17       Other expenses. (Part IX, column (A), line 25)       220,939       353,961       52         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,048,317       (68         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         20       Total assets (Part X, line 16)       3,121,009       2,58         21       Total libilities (Part X, line 26)       2,889,429       2,20         22       Velt assets or fund balances. Subtract line 21 from line 20       2,889,429       2,20         231,580       37         24       Rederation of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date       Jeanne Allert         Signature of officer       Date       Check if if PTIN       PTIN         Use Only       Firm's name       Preparer's signature       Date       Phone no.         Use Only       Firm's address				1 1	, , , ,						0
16a       Professional fundraising fees (Part IX, column (A), line 11e)								•			0
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,053,710       1,35         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         10       Total assets (Part X, line 16)       3,121,009       2,58         21       Total liabilities (Part X, line 26)       231,580       37         22       Net assets or fund balances. Subtract line 21 from line 20       2,889,429       2,20         Part II       Signature Block       2,889,429       2,20         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Jeanne Allert       Janne Allert, Executive Director       Date         Type or print name and title       Print/Type preparer's name       Preparer's signature       Date         Prim's name       Firm's address       Phone no.       May the IRS discuss this return with the preparer shown above? (see instructions)	Se					nes 5-10)	• • • •	•	699	9,749	832,359
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,053,710       1,35         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         10       Total assets (Part X, line 16)       3,121,009       2,58         21       Total liabilities (Part X, line 26)       231,580       37         22       Net assets or fund balances. Subtract line 21 from line 20       2,889,429       2,20         Part II       Signature Block       2,889,429       2,20         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Jeanne Allert       Janne Allert, Executive Director       Date         Type or print name and title       Print/Type preparer's name       Preparer's signature       Date         Prim's name       Firm's address       Phone no.       May the IRS discuss this return with the preparer shown above? (see instructions)	inse						 	•			0
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,053,710       1,35         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         10       Total assets (Part X, line 16)       3,121,009       2,58         21       Total liabilities (Part X, line 26)       231,580       37         22       Net assets or fund balances. Subtract line 21 from line 20       2,889,429       2,20         Part II       Signature Block       2,889,429       2,20         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Jeanne Allert       Janne Allert, Executive Director       Date         Type or print name and title       Print/Type preparer's name       Preparer's signature       Date         Prim's name       Firm's address       Phone no.       May the IRS discuss this return with the preparer shown above? (see instructions)	xpe			• • •			220,939				
19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         19       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         10       Revenue less expenses. Subtract line 18 from line 12       1,048,317       (68         10       Revenue less expenses. Subtract line 21 from line 20       3,121,009       2,58         21       Total liabilities (Part X, line 26)       231,580       37         22       Net assets or fund balances. Subtract line 21 from line 20       2,889,429       2,20         Part II       Signature Block       Under penaties of perjury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compilete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Jeanne Allert       Signature of officer       Date         Jeanne Allert, Executive Director       Type or print name and title         Print/Type preparer's name       Preparer's signature       Date         If Firm's alm       Firm's address       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       When the preparer shown above? (see instructions)       Yes	ш		•					•			520,888
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       21, 20         21       Total liabilities (Part X, line 26)       231, 580         22       Net assets or fund balances. Subtract line 21 from line 20       2, 889, 429       2, 20         Part II       Signature Block       2, 889, 429       2, 20         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Jeanne Allert       Signature of officer       Date         Jeanne Allert, Executive Director       Type or print name and title       Preparer's signature         Print/Type preparer's name       Preparer's signature       Date         Use Only       Firm's address >       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)			•			,		•			1,353,247
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Jeanne Allert         Signature of officer       Date         Jeanne Allert, Executive Director       Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature         Paid       Firm's name       Firm's EIN         Firm's elles       Print's Ein       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)		19 1	Revenue less	expenses. Subtract line							(681,082)
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Jeanne Allert         Signature of officer       Date         Jeanne Allert, Executive Director       Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature         Paid       Firm's name       Firm's EIN         Firm's elles       Print's Ein       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)	s or		Tatal as a ta //								
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Jeanne Allert         Signature of officer       Date         Jeanne Allert, Executive Director       Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature         Paid       Firm's name       Firm's EIN         Firm's elles       Print's Ein       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)	sset Bala		,								2,580,857
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Jeanne Allert         Signature of officer       Date         Jeanne Allert, Executive Director       Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature         Paid       Firm's name       Firm's EIN         Firm's elles       Print's Ein       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)	et A Ind										372,510
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Jeanne Allert       Date         Here       Jeanne Allert, Executive Director       Date         Type or print name and title       Print/Type preparer's name       Preparer's signature       Date         Preparer       Firm's name       Firm's ellN       Firm's ElN         Firm's address       Phone no.       Yes								•	2,889	9,429	2,208,347
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign         Jeanne Allert         Signature of officer         Jeanne Allert, Executive Director         Type or print name and title         Paid         Preparer         Use Only         Firm's name         Firm's address         May the IRS discuss this return with the preparer shown above? (see instructions)         Output			-		m including accompanying schedules and	l statements :	and to the best of	my knowle	dae and beli	of it is	
Sign       Signature of officer       Date         Here       Jeanne Allert, Executive Director       Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Paid       Preparer       Firm's name       Preparer's signature       Date       Check if self-employed       PTIN         Paid       Firm's name       Firm's name       Preparer's signature       Date       Check if self-employed       PTIN         Vise Only       Firm's name       Firm's elln       Firm's elln       P         May the IRS discuss this return with the preparer shown above? (see instructions)       Phone no.       Yes									age and bein		
Sign       Signature of officer       Date         Here       Jeanne Allert, Executive Director       Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Paid       Preparer       Firm's name       Preparer's signature       Date       Check if self-employed       PTIN         Paid       Firm's name       Firm's name       Preparer's signature       Date       Check if self-employed       PTIN         Vise Only       Firm's name       Firm's elln       Firm's elln       P         May the IRS discuss this return with the preparer shown above? (see instructions)       Phone no.       Yes			Toon	a Allert							
Here       Jeanne Allert, Executive Director         Type or print name and title       Print/Type preparer's name       Preparer's signature       Date       Check ☐ if self-employed       PTIN         Paid       Preparer       Firm's name       Preparer's signature       Date       Check ☐ if self-employed       PTIN         Paid       Firm's name       Firm's name       Firm's EIN       ►         Firm's address       Phone no.       Phone no.       Yes	Sign	n								Date	9
Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Preparer       Firm's name       Firm's ell       Firm's Ell       Firm's ell       Firm's ell       Firm's ell         May the IRS discuss this return with the preparer shown above? (see instructions)       Output firm's ell       Yes	Here		Teanr	a Allert Evecut	ive Director						
Paid       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Preparer       Firm's name       Firm's clin       Firm's clin       Firm's clin       Firm's clin         Use Only       Firm's address       Phone no.       Phone no.       Yes					The Director						
Paid     self-employed       Preparer     Firm's name       Use Only     Firm's address       Firm's address     Phone no.			,		Preparer's signature		Date		Chock	☐ if	PTIN
Preparer       Firm's name       Firm's EIN         Use Only       Firm's address       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       ••••••••••••••••••••••••••••••••••••	Paid		,								
Use Only       Firm's address       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes			Eirm's nome	•							
May the IRS discuss this return with the preparer shown above? (see instructions)	-										
	200	2	Finits address	F					IONE NO.		
	Mayt	ne IRS	l discuse this m	turn with the preparer sh	wn above? (see instructions)						Yes No
Form 95					, , , , , , , , , , , , , , , , , , ,						Form <b>990</b> (2020)
EEA		· · · · · · · ·									1 0111 <b>330</b> (2020)

Form	990 (2020) 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 WHOSE MISSION IS TO IMPROVE ACCESS TO CARE
	BY ESTABLISHING SPECIALIZED SHELTER SERVICES IN COMMUNITIES OF GREATEST NEED, AND THE QUALITY OF
	CARE FOR SURVIVORS THROUGH RESEARCH, STAFF TRAINING, AND RECIPROCAL PARTNERSHIPS.
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	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	······································
4a	(Code: ) (Expenses \$ 352,670 including grants of \$ ) (Revenue \$ )
	IMPACT SOCIAL JUSTICE: THE SAMARITAN WOMEN'S ANTI-TRAFFICKING EFFORTS FOCUS ON EDUCATION,
	AWARENESS, ADVOCACY, AND PREVENTION. TO DATE, WE HAVE REACHED OVER 95,000 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.
4b	(Code: ) (Expenses \$ 245,617 including grants of \$ ) (Revenue \$ )
	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 IMPROVE PROGRAM
	OPERATIONS AND THE QUALITY OF CARE FOR SURVIVORS.
4c	(Code:) (Expenses \$ 241,144 including grants of \$) (Revenue \$)
	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,
	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.
<u></u>	Other program convises (Describe on Schedule $O$ )
4d	Other program services (Describe on Schedule O.)         (Expenses \$ 5,824 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
EEA	Form <b>990</b> (2020)

_	990 (2020) The Samaritan Women, Inc. 74-32310	89	F	age 3
Pa	rt IV Checklist of Required Schedules			1
		<b></b>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> <i>complete Schedule A</i>			
2	complete Schedule A	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b>-</b>		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>	110		
h	complete Schedule D, Part VI	11a	x	
, N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

	1 990 (2020) The Samaritan Women, Inc. 74-32 rt IV Checklist of Required Schedules (continued)	23108	39	P	age 4
ıa				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? 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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	•••	2.Ja		
~	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III • • • • • • • • • • • • • • • • •	••	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
<b>h</b>	"Yes," complete Schedule L, Part IV	••+	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	•••	28b		<u>x</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	::	29		x x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	· · ·	20		
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	[	31		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
<b>-</b> -	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		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	••+	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	•••	30		<u>x</u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	F	•		
	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par		L			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	<u> </u>	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		L

Form	990 (2020) The Samaritan Women, Inc. 74-3231	)89	P	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," 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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	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 solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	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			
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		- 11
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 organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	Ū		~
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Teu		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
2	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		37
		13		x
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		17
10	If "Yes," complete Form 4720, Schedule O.	10		x

Form	1990 (2020) The Samaritan Women, Inc. 74-32310		F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	)″		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
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 1a 8			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
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	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 on Schedule O	9		x
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		x
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	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?	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			
_	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>Kentucky</b> , 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.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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 (2020		74-3231089	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated Employee	s, and
	Independent Contractors		_
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the		
organization's ta	ax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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,	unles	Pos eck m is per	son is	Highest compensated employee	(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
(1) Jeanne Allert	60.00						05 F45		
Executive Director	2.00			Х		х	95,545	0	0
(2) Bruce_Hopler Board Member	<u> </u>	x					0	0	0
(3) Thomas Booth	2.00						0	0	0
Board Member	2 . 00	x					0	0	0
(4) Thomas O'Donnell	2.00							<b>v</b>	<b>v</b>
Board Member	= : • •	x					0	0	0
(5) Derrick Purcell	2.00								
Director and Board Chaplain		x					0	0	0
(6) John Stewart	2.00								
Board Member		х					0	0	0
(7) Mark Pruim	2.00								
Board Chairman		х		х			0	0	0
(8) Patricia Livingston									
Treasurer	2.00	х		х			0	0	0
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
(12)									
<u>(13)</u>									
(14)									
	•								

	00 (2020) The Samaritan Wom										323108	9	Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd H	ligh	est (	Comp	ensa	ated Employees (c	ontinued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box,	unles	Pos eck m ss per	sition Iore th son is	s both ar		(D) Reportable compensation from the erromization	from related	n I	Estimated of o comper	d amount other nsation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	~	SC)	organiza	tion and
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
<u>(22)</u>													
<u>(23)</u>													
(24)													
(25)													
1b c				•••	•••	•••		•					
d								•	95,545		0		0
2			ted abo	ove)	who	rece	eived r	nore	than \$100,000 of				0
3	Did the organization list any <b>former</b> officer, director	. trustee. kev	emplov	/ee. I	or hi	ahes	st com	pens	ated			Ye	es No
				,							[	3	x
4	-	-	-					-					
											••• [	4	x
5		-		-			-	nizat				5	x
Section	-					,							
1											or		
	(A)	ensation for t	ne cale	enua	ryea	arer	iaing v		(B)		ar.	(C)	
	Name and business addres	s							Description of servic	es	Cor	npensatior	<u>n</u>
Part VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Componented Employees (continued)         (A)       (B)       (C)       (C)													
2						d ab	ove) v	vho					

Form 99				ritan Wo	men	, Inc.			74-32310	89 Page 9
Part \	/	Statement of Rev	eni	le						
		Check if Schedule O co	ntain	s a response	or no	te to any line in this F	Part VIII ••			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
-	1a	Federated campaigns			1a					
<i>(</i> <b>)</b>	b	Membership dues		-	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c					
non	d	Related organizations			1d					
ΓĂ,	e	Government grants (contr			1e	10,000				
jia Jija	f	All other contributions, gift			10	10,000				
Sin	•	and similar amounts not in	_		1f	620,000				
buti		Noncash contributions inc				629,099				
ĘĞ	g	lines 1a-1f			1g	¢ 1 500				
ang	h	Total. Add lines 1a-1f		L			620,000			
		TOLAI. AUU IIIIES TA-II	• •		• • •		639,099			
	20					Business Code				
Program Service Revenue		SHELTER EDUCATION				624100	23,024	23,024		
a Pe S	b									
e n v	C.									
ran Sev	d									
5 <u>6</u>	e									
ī		All other program service re								
	g	Total. Add lines 2a-2f .	• •			•••••	23,024			
	3	Investment income (includi								
		other similar amounts) .				F	1,510	1,510		
	4	Income from investment of				F				
	5	Royalties	<u>· ·</u>			ト				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)	•			ト				
	7a	Gross amount from		(i) Securitie	s	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
/eu	с	Gain or (loss)								
Other Revenu		Net gain or (loss)								
er		Gross income from fundrai								
		events (not including \$								
0		of contributions reported or	n line							
		1c). See Part IV, line 18			8a	32,657				
	ь	Less: direct expenses			8b					
		Net income or (loss) from f					8,532			8,532
		Gross income from gaming		aloning evento			0,332			0,332
	54	activities, See Part IV, line			9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from g								
				ig activities	· ·					
	10a	Gross sales of inventory, le returns and allowances	SS		10-					
	<b>h</b>				10a 10b					
		Less: cost of goods sold								
	C	Net income or (loss) from s	ales	or inventory	•••	During Orde				
						Business Code				
e	11a									
nue	b									
ev.	c									
Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instruc	tions				672 165	24.534	0	8.532

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
3b, 9b, and 10b of Part VIII.	'	expenses	general expenses	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				
B Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	95,545	68,793	11,465	15,28
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	663,963	361,874	165,234	136,85
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	18,022	10,219	4,193	3,61
0 Payroll taxes	54,829	34,494	14,843	5,49
1 Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal • • • • • • • • • • • • • • • • • • •	2,000	2,000		
<b>c</b> Accounting	9,600		9,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	9,992	1,111	8,881	
<b>2</b> Advertising and promotion <b></b>	49,719	1,114	216	48,38
3 Office expenses	42,283	35,686	6,217	38
4 Information technology	106	80	26	
<b>5</b> Royalties				
<b>6</b> Occupancy	101,591	69,543	26,853	5,19
7 Travel	5,402	4,080	1,019	30:
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	1,405	556	792	5'
0 Interest	7,216	7,216		
1 Payments to affiliates	174,243	174,243		
2 Depreciation, depletion, and amortization	28,611	26,220	2,391	
3 Insurance	31,136	10,719	20,417	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a <u>FURNISHINGS AND REPAIRS</u>	18,533	9,393	8,140	1,000
b BANK FEES	5,717	13	1,733	3,97:
¢ TAXES - OTHER	3,622		3,622	
d <u>FOOD</u>	2,509	2,509		
e All other expenses	27,203	25,392	1,411	40
5 Total functional expenses. Add lines 1 through 24e	1,353,247	845,255	287,053	220,93
6 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here				

following SOP 98-2 (ASC 958-720) . . . . . . . .

Page 11

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	612,101	1	529,745
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	550,500	3	668,874
	4	Accounts receivable, net	29,218	4	21,000
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	69,004	7	69,004
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	2,200
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 935, 432			
	b	Less: accumulated depreciation 10b 171,016	793,027	10c	764,416
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	69,142	12	19,205
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	998,017	15	506,413
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,121,009	16	2,580,857
	17	Accounts payable and accrued expenses	5,269	17	28,666
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue	18,799	19	30,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	21,326	23	150,037
	24	Unsecured notes and loans payable to unrelated third parties	150,037	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	36,149	25	163,807
	26	Total liabilities. Add lines 17 through 25	231,580	26	372,510
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	1,381,298	27	1,758,697
Ba	28	Net assets with donor restrictions	1,508,131	28	449,650
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,889,429	32	2,208,347
<b>Z</b>	33	Total liabilities and net assets/fund balances	3,121,009	33	2,580,857

EEA

Form 990 (2020)

Form		4-323108	9	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		672,	165
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	353,	247
3	Revenue less expenses. Subtract line 2 from line 1	3	(	681,	082)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	889,	429
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	208,	347
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2	2020)

SCH	EDU	LE.	Α
(Form	990 c	or 99	0-EZ)

# **Public Charity Status and Public Support**

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

2020

OMB No. 1545-0047

Denar	ment	of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
				o www.irs.gov/For	m990 for instructions a	nd the late	est informa	tion.	Inspection
Name of the organization								Employer identificat	ion number
The	Sa	maritan Wo	men Inc					74-323108	29
Pa		Reason	for Public Charit	v Status, (All o	rganizations must o	omplete	this par		
				· · ·	1 through 12, check only			.,	
1	луа П	-			• •	,	MIN		
	Н				nes described in <b>section 1</b>		<b>(</b> )(1).		
2	Н				hedule E (Form 990 or 99				
3	Н	•		•	escribed in section 170(b				
4	Ш		• ·	ated in conjunction w	ith a hospital described in	section 1	70(b)(1)(A)	(iii). Enter the	
	_	hospital's name, city, and state:							
5		-	•	-	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	s a substantial part o	of its support from a gove	rnmental u	nit or from	the general public	
		described in se	ction 170(b)(1)(A)(vi).	(Complete Part II.)					
8		A community tr	ust 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 conjund	ction with a	land-grant college	
		or university or	a non-land-grant colleç	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 tha	an 33 1/3% of its	
		support from gr	ross investment income	e and unrelated bus	iness taxable income (les	s section 5	511 tax) fror	n businesses	
		acquired by the	organization after June	e 30, 1975. See <b>sec</b>	tion 509(a)(2). (Complete	Part III.)			
11		An organizatior	n organized and operate	ed exclusively to test	for public safety. See <b>sec</b>	tion 509(a	ı)(4).		
12					e benefit of, to perform th			arry out the purposes	
	_	of one or more	publicly supported orga	nizations described	in section 509(a)(1) or se	ection 509	(a)(2). See	section 509(a)(3).	
		Check the box	in lines 12a through 12	d that describes the	type of supporting organ	ization and	complete	lines 12e, 12f, and 12g	<b>]</b> .
	а		•		d, or controlled by its supp		•		
					appoint or elect a majority	-	. ,		
			organization. You mus						
	b		•	-	olled in connection with its	supported	organizatio	on(s), by having	
					n vested in the same pers		•		
			n(s). You must compl		•			andge the supported	
	с		.,		zation operated in connec	tion with a	nd function:	ally integrated with	
	Ū				nust complete Part IV, Se			any mogratod man,	
	d		• • • • •	,	rganization operated in co			orted organization(s)	
	ŭ	- •			enerally must satisfy a dis			• • • • •	
					Part IV, Sections A and D				
	е				letermination from the IRS				
	e	_	U U		egrated supporting organi		а турет, ту	ре п, туре п	
	f		per of supported organiz	•		201011.			
			owing information about						
	g		0	1 1 8					(
	(1	) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	Ne		
						162	No		
(A)									
(B)									
(C)									
									+
(D)									
(E)									

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

_	dule A (Form 990 or 990-EZ) 2020 The Samar	itan Women	, Inc.			74-323108	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th						ify under
_	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	ction A. Public Support			i			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	tion B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		(u) 2010		(0) 2010	(0) 2010	(0) 2020	
8	Gross income from interest, dividends,						
U	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10	. <u>, ,</u>	Į				
	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the org						
<u> </u>	organization, check this box and <b>stop here</b>						▶∐
	ction C. Computation of Public Support						0/
	Public support percentage for 2020 (line 6, c					14	<u>%</u>
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organizat						
	box and <b>stop here</b> . The organization qualifier						
C	33 1/3% support test - 2019. If the organizat						_
4 -	this box and <b>stop here</b> . The organization qua						
17a	10%-facts-and-circumstances test - 2020.						3
	10% or more, and if the organization meets the				-		
	Part VI how the organization meets the facts			-		• • • •	_
b	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization me						
	in Part VI how the organization meets the fac			-	-		_
40	organization						•••• □
18	Private foundation. If the organization did no						. —
	instructions						
EEA						Schedule A (For	m 990 or 990-EZ) 2020

Pa	ITT III Support Schedule for Organiz						
	(Complete only if you checked t			•			der Part II.
_	If the organization fails to qualify	y under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	ction A. Public Support				i		
Cal	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	(b) 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	1,006,253	1,776,551	484,950	2,024,525	637,563	5,929,842
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 • 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	1,006,253	1,776,551	484,950	2,024,525	637,563	5,929,842
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						5,929,842
	ction B. Total Support	() 0040	(1) 0047	( ) 0040	( 1) 0040	( ) 0000	
	endar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends,	1,006,253	1,776,551	484,950	2,024,525	637,563	5,929,842
TUa							
	payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1,776,551		2,024,525	637,563	5,929,842
14	First 5 years. If the Form 990 is for the organ				•		_
_	organization, check this box and <b>stop here</b>						🕨 📋
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c					15	100.00 %
	Public support percentage from 2019 Sched					16	100.00 %
	ction D. Computation of Investment In			- 40 luman (f		47	
17 19	Investment income percentage for <b>2020</b> (line					17 18	0.00 %
18 10a	Investment income percentage from 2019 Sc 33 1/3% support tests - 2020. If the organization			ine 14 and line			0.00 %
199	17 is not more than 33 1/3%, check this box a						
h	<b>33 1/3% support tests - 2019.</b> If the organiza	-	-	-		~	
~	line 18 is not more than 33 1/3%, check this b						
20	<b>Private foundation.</b> If the organization did not	-	-				▶ □
	<b>.</b>		,,				

The Samaritan Women, Inc.

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Par		_		
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			;
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V	<b>/</b> .)	
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 <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	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		
39	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
Ja	lines 3b and 3c below.	3a		
h		Ja		
D	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	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 Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c 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 <b>Part VI</b> .	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?	-		
Ŭ	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	Ū		
Ju	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		
h		Ja		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Oh		
~	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
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		
TUa	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	40-		
	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	4.01		
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A (f	Form 990 /	or 990-E	Z) 2020

The Samaritan Women, Inc.

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	Ule A (Form 990 or 990-E2) 2020         The Samaritan Women, Inc.         74-3231	.089	F	rage <b>5</b>
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c	:	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		

- a bit the organization provide to each on its supported organizations, by the last day of the hith month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
   Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how*
- the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, 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

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify** *those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes No

chedule A (Form 990 or 990-EZ) 2020 The Samaritan Women, Inc.		74-323	1089 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organized	zations r	nust complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
			(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 Yea (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 0.015 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 0.035.	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 0.85 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	y integra	ted Type III supporting	organization
(see instructions).	, , ,	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	5

EEA

Schedu	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz			1089 Page 7
	tion D - Distributions	<u> </u>		/	Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$ Applied to underdistributions of prior years			_	
	Applied to 2020 distributions of phot years				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<b>Part VI</b> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
FEA				Scho	dule & (Form 990 or 990-EZ) 2020

EEA

	990 or 990-EZ) 2020 Pag
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, 2k
	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	
(Form 990)	

Department of the Treasury

Internal Revenue Service
Name of the organization

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

2	Λ	2	<b>^</b>
Z	U	Z	U
	•		•

Open to Public Inspection

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

ide	entit	ficat	ion	num	ber

The	Samaritan Women, Inc.		74-3	231089
Pa	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accou	nts.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(1	<li>b) Funds and other accounts</li>
1	Total number at end of year	1		
2	Aggregate value of contributions to (during year)	10,507		
3	Aggregate value of grants from (during year)	60,000		
4	Aggregate value at end of year	19,205		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised		
	funds are the organization's property, subject to the organization	's exclusive legal control?		🗴 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose		
	conferring impermissible private benefit?			XYes 🗌 No
Pa	t II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education)	ation) Preservation of	a historicall	y important land area
	Protection of natural habitat	Preservation of	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified o	conservation contribution in the form of a cons	servation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a	
b	5		. 2b	
С	Number of conservation easements on a certified historic struct	ure included in (a) • • • • • • • • • • • •	. <u>2</u> c	
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a		
	6			
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the organ	ization durin	g the
	tax year			
4	Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it ho			···· Ves No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	idling of violations, and enforcing conservation	n easements	s during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation eas	sements dur	ing the year
	► \$	$a$ the requirements of a sting $\frac{170}{h}$		
8	Does each conservation easement reported on line 2(d) above and eaction 170(b)(4)(P)(ii)2		⊃)(I)	Yes 🗌 No
9		essements in its revenue and expense states	nont and	
3	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote			he
	organization's accounting for conservation easements.			
Pa	<u> </u>	of Art. Historical Treasures. or O	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 958, r		nce sheet w	vorks
	of art, historical treasures, or other similar assets held for public	•		
	service, provide, in Part XIII the text of the footnote to its financia			
b	If the organization elected, as permitted under FASB ASC 958, t		sheet work	s of
	art, historical treasures, or other similar assets held for public ex	•		
	provide the following amounts relating to these items:	, ,	•	
				▶ \$
				▶ \$
2	If the organization received or held works of art, historical treasu			·
	following amounts required to be reported under FASB ASC 958	-		
а				▶ \$
b	Assets included in Form 990, Part X			► \$

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	lle D (Form 990) 2020 The Samaritan	Wome	n, Inc.					74-3231	089	P	age <b>2</b>
Pai	t III Organizations Maintaining	Coll	ections of	Art, His	torical I	reasures,	or Ot	ner Similar Ass	sets (co	ontini	ied)
3	Using the organization's acquisition, accession	n, and o	other records, o	check any	of the follow	wing that mak	ke signifik	cant use of its			
	collection items (check all that apply):				_						
а	Public exhibition			d	Loan d	or exchange	program	S			
b	Scholarly research			е	Other						_
с	Preservation for future generations										
4	Provide a description of the organization's coll	ections	and explain he	ow they fur	ther the org	ganization's e	exempt p	urpose in Part			
	XIII.										
5	During the year, did the organization solicit or	receive	donations of a	art. historic	al treasures	s. or other sin	nilar				
	assets to be sold to raise funds rather than to								Ye	sГ	No
Pa	t IV Escrow and Custodial Arra			0							
	Complete if the organization	answ	vered "Yes"	on Form	1 990, Pa	art IV, line	9, or re	ported an amo	unt on	Form	1
	990, Part X, line 21.				,	,		•			
1a	Is the organization an agent, trustee, custodia	n or oth	ner intermediar	v for contri	butions or o	other assets i	not				
									. 🗌 Ye	sГ	No
b	If "Yes," explain the arrangement in Part XIII a										]
-				ing tablet				Am	ount		
с	Beginning balance						. 10				
d	Additions during the year										
e	, taalierie aanlig ale jeal										
f	Ending balance										
2a	Did the organization include an amount on For								Ye	с Г	No
2a b	If "Yes," explain the arrangement in Part XIII. (						•			=	
	tV Endowment Funds.	JIECKI			s been ploy		AIII			• _	
I ui	Complete if the organization	answ	vered "Yes"	on Form	1990 Pa	art IV line	10				
			Current year	1	ior year	(c) Two years		(d) Three years back	(e) Fou	r vooro	hook
1a	Beginning of year balance	(a)	Current year		ior year	(C) Two years	SDACK	(u) Three years back	(e) FOL	i years	DACK
b	Contributions										
С	Net investment earnings, gains, and losses										
4											
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
I	Administrative expenses										
g	End of year balance		and holonoo (l	 							
2	Provide the estimated percentage of the curre	-		ine ig, coi	umm (a)) ne	eiu as.					
a b	Board designated or quasi-endowment	%	/0								
c	Term endowment > %	70									
U	The percentages on lines 2a, 2b, and 2c shou	ld ogur	100%								
3a	Are there endowment funds not in the possess			n that are l	held and ac	Iministered fo	or the				
Ja	organization by:		the organizatio	in that are i	neiu anu au					Yes	No
	(i) Unrelated organizations								32(i)	163	
	., .								3a(i) 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the o		•						50		
Pa		-			•						
I u	Complete if the organization			on Form	1990 Pa	art IV line	11a S	ee Form 990 P	art X li	ne 1	0
	Description of property	anon	(a) Cost or oth			r other basis		Accumulated		ok value	
			(a) Cost or othe			other)		epreciation		a value	
1a	Land		,		<b>†</b> `	80,000				80	000
b	Buildings				· ·	80,000 790,624		114,518		<u>80,</u> 676,	
c	Leasehold improvements					190,024		114,010		0/0,	100
d	Equipment	••				40 100		22 622		•	667
u e		 ₽				42,190		33,633			557 247)
	Other		m QQA Dort V	column (P)	   line 10a \	22,618		22,865			247) 416
-	, Aud lines ta through te. (Column (a) must eq.	uai FUI	ini 990, Part X, 1	coluiriiri (B)	i, iine 100.)					764 , (Form 9	
EEA									Schedule D	רטווז 9	JU) 2020

Schedule D (Form 990) 2020 The Samaritan Women, Inc.		74-3231089 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(Amoney Market	19,205	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	19,205	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1Grants Receivable, Net, PV	299,400
(2Mortgage Receivable	207,013
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	506,413

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1) Federal ir	ncome taxes	
(2payrol]	L Liabilities	39,805
(3Refunda	able Advance, PPP	124,002
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 25.) 🔒 🕨	163,807

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

	ule D (Form 990) 2020 The Samaritan Women, Inc.	74-3231089	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er 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	696,290
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 2a through 2d	2e	24,125
3	Subtract line 2e from line 1	3	672,165
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	672,165
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Returr	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,377,372
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		
C	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	24,125
3	Subtract line 2e from line 1	3	1,353,247
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.) ••••••••••••••••••••••••••••••••••		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,353,247
	rt XIII Supplemental Information.		
Prov	ide 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; Pa	rt X, line	
2; Pa	rt 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

Schedule D (Form	390) 2020 The Samaritan Women, Inc.	74-3231089	Page 5
Part XIII	990) 2020 The Samaritan Women, Inc. Supplemental Information (continued)		
	,		
00 0JJ			
02. Other	expenses not included on Form 990 (Part XII, line 2d)		
-			
Fundraisi	ng expenses		
<u>- unururor</u>			

SCHEDULE G	Supplemen	ntal Informati	on Regard	ding Fund	Iraising or Gam	ing Act	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization	answered "Ye	es" on Form 9	90, Part IV, line 17, 18,	or 19, or if	fthe	2020
Department of the Treasury		С 🕨 А	ttach to Form	990 or Form 9				Open to Public
Internal Revenue Service Name of the organization	►G	io to www.irs.gov/l	Form990 for in	structions an	d the latest informatio	n.	Employer ide	Inspection Intification number
The Samaritan Wom	on Tha							31089
Part I Fundraisi	na Activities	. Complete if f	the organiz	zation ans	wered "Yes" on	Form 99		
	•	required to cor	•				,,	
1 Indicate whether the		•	•	•	s. Check all that app	ly.		
a 🗌 Mail solicitations	-	-	е 🗌 :	Solicitation of	non-government gra	ints		
b 🗌 Internet and email	solicitations		f 🗌 :	Solicitation of	government grants			
c	S		g 🗌 :	Special fundr	aising events			
d 🗌 In-person solicitat	ions							
2a Did the organization I	nave a written or o	oral agreement wi	th any individ	ual (including	officers, directors, tr	ustees,	_	_
or key employees list		, .		•	•			es 🗌 No
<b>b</b> If "Yes," list the 10 hig		,	ndraisers) pur	rsuant to agre	ements under which	the fundra	aiser is to be	
compensated at leas	t \$5,000 by the or	ganization.						
						(11) (12)	ount noid to	
(i) Name and address				draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to (or retained by)
or entity (fundra	iser)	(ii) Activity	custody or control of contributions?		from activity	fundraiser listed in		organization
			Yes	No			col. (i)	
1			103		-			
•								
2								
3								
4								
5								
6								
7								
8								
0								
9								
5								
10								
			1					
Total								
3 List all states in which	the organization i	is registered or lic	ensed to solic	cit contributio	ns or has been notifie	d it is exe	mpt from	
registration or licensin	g.							

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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.

		giuss receipis greater than	φ5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Vino Event (event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
e						
Revenue	1	Gross receipts	32,657			32,657
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus				~~~~
		line 2)	32,657			32,657
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xper	7	Food and beverages	24,125			24,125
Ш С			24,125			24,123
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	4 through 9 in column (d)			24,125
	11	Net income summary. Subtract line				8,532
Pa	rt II			/es" on Form 990, Part	V, line 19, or reported m	
		\$15,000 on Form 990-EZ,	line 6a.	Γ		
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
Re	1	Gross revenue				
6	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
ect E	4	Rent/facility costs				
Dire	-					
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	└ No	No No	No	
	7	Direct expense summary. Add lines :	2 through 5 in column (d)			
		Direct expense summary. Add lines				
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	n (d)	<u>.</u> <b>.</b>	
9		ter the state(s) in which the organizati				
a L		he organization licensed to conduct g	aming activities in each of the	nese states?		Yes 📙 No
b	, 11	No," explain:				
10a		ere any of the organization's gaming li	censes revoked, suspended	I, or terminated during the ta	ax year?	Yes 🗌 No
		ere any of the organization's gaming liv Yes," explain:	censes revoked, suspendec	l, or terminated during the ta	ax year?	Yes 🗌 No

#### SCHEDULE L

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury rnal Povor o Sorvico

#### Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020

Open To Public

	Inspection
on	number

Name of the organization	- 60101		11133010	n monuc		the lates		yer iden	tification		er				
The Samaritan Women							74-	32310	189						
Part I Excess Ben	efit Transactions	(section 501(	c)(3), se	ection 50	)1(c)(4), a	and sec				s only	<i>ı</i> ).				
Complete if t	he organization a	nswered "Yes'	' on For	m 990, l	Part IV, lir	ne 25a	or 25b, or Form	990-E	EZ, Pa	irt V, İ	ine 40	)b.			
1 (a) Name of disqualified p	Person	(b) Relationship be			on and		(c) Description	oftransa	action			(d) Corr	ected?		
			organization	1			(c) Description					Yes	No		
(1)												<u> </u>			
(2)															
(2)															
(3)													ĺ		
2 Enter the amount of tax	incurred by the orga	nization manage	ers or disc	qualified p	persons du	ring the	year								
under section 4958									► \$	6					
3 Enter the amount of tax	, if any, on line 2, abo	ove, reimbursed	by the or	ganizatio	n.				► \$	6					
	d/or From Interes			000 Г		/ line 0	0	Deut	1) / 15.		: <b>f</b> 44				
	he organization a reported an amoι						sa or Form 990,	Part	iv, iine	20;0	or II u	ie			
	-											T			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or m the	(e) Ori principal a	Original (f) Balance due	due (g) In default?	default?	ault? (h) Approved by board or		(i) Written agreement?				
		loan	organ	ization?									nittee?		
			То	From	1			Yes	No	Yes	No	Yes	No		
(1)															
(2)												<u> </u>	<u> </u>		
(0)															
(3)															
(4)															
(5)															
						. 🕨 🖇	6								
	ssistance Benef	-													
Complete if	the organization a	answered "Yes	s" on Fo	rm 990,	Part IV, I	ine 27.									
(a) Name of interested person		nip between intereste	ed (c	) Amount of	assistance	(0	<b>t)</b> Type of assistance		(e	) Purpos	se of ass	sistance			
	person a	nd the organization													
(1)															
(2)															
(3)															
(4)															
<i>(</i>															
(5)				0 000											
For Paperwork Reduction A	ct Notice, see the Ir	ISTUCTIONS TOP	FOLIU 990	o or 990-	⊏∠.			:	schedul	e L (For	m 990 o	r 990-EZ	) 2020		
EEA															

Schedule L (Form 990 or 990-EZ) 2020	The	Samaritan	Women,	, Inc
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# Part IV Business Transactions Involving Interested Persons.

C	omplete if the	organization	answered "Y	es" on	Form 990,	Part IV,	line 28a,	28b,	or 28c.
---	----------------	--------------	-------------	--------	-----------	----------	-----------	------	---------

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<b>(e)</b> Sha organiz reven	ation's
				Yes	No
			Organization's Lease		
(1) Jeanne Allert	Executive Director		with Chapel Grace		x
(2)					
(3)					
(4)					
(5)					

## Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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 2020 Open to Public Inspection

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

	Statement of Program Service Accomplishments	2020 PG01
Name(s) as shown on return		Your Social Security Number
The Samaritan	Women, Inc.	74-3231089
	Form 990-Part III(a)	Statement #4

Program Service Expenses	\$5824
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

# Explanation

Assessment, Part of Survivor Services, expenses applied to house used by former residents.