Form	99	0

(Rev. J	9	90	Return of Organization Exempt From Inc	ome Tax							
	anuar	y 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc	cept private fou	ndations)	2019					
		the Treasury	► Do not enter social security numbers on this form as it may be		,	Open to Public					
		ue Service	Go to www.irs.gov/Form990 for instructions and the latest in the late	nformation.		Inspection					
A Fo	or the	2019 calenda	year, or tax year beginning 07-01, 2019, and	l ending	06-3	30, <b>20</b> 20					
B Ch	eck if a	applicable:	C Name of organizationSamaritans, Inc.		D Employe	r identification number					
Ad	dress o	change	Doing business as		0	4-2643466					
Na	me cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephon	e number					
Ini	ial retu	ırn	11 West Street – 4th Floor		(	617)536-2460					
Fir	al retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross re	ceipts					
An	nended	return	Boston, MA 02111		\$	2,951,495					
Ар	plicatio	on pending	F Name and address of principal officer: Kathleen C Marchi	H(a) Is this a	group return for s	ubordinates? Yes X No					
			Same as C above	H(b) Are all	subordinates ir	ncluded? Yes No					
I Ta	x-exem	npt status: X 5	11(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	lf "No,"	attach a list. (s	see instructions)					
J We	ebsite:		samaritanshope.org	H(c) Group	o exemption nu	mber 🕨					
	_	-	orporation Trust Association Other  L Year of formation:	1978 M	State of legal d	omicile: MA					
Part		Summary									
	1	Briefly describ	e the organization's mission or most significant activities: <u>A non-religion</u>	is, volunte	er orga	nization					
e		serving g	ceater Boston & Metrowest, dedicated to reducing the	e incidence	of sui	cide by					
anc		befriendi	ng individuals in crisis, providing suicide loss gri	lef support	, & edu	cating the					
ern			about effective prevention strategies.								
NO C	2		x ► 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets.								
	3		ing members of the governing body (Part VI, line 1a)								
es	4		ndependent voting members of the governing body (Part VI, line 1b)								
Activities & Governance	5		f individuals employed in calendar year 2019 (Part V, line 2a)			39					
Act	6		f volunteers (estimate if necessary)			337					
			business revenue from Part VIII, column (C), line 12			0					
	b	Net unrelated	pusiness taxable income from Form 990-T, line 39		. 7b	0					
				Prior Year		Current Year					
0	8		nd grants (Part VIII, line 1h)	-	0,939	2,225,798					
Revenue	9	•	e revenue (Part VIII, line 2g)		0,449	613,377					
eve	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		5,765	19,940					
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,476	29,067					
R	12		add lines 8 through 11 (must equal Dart )/III solumn (A) line 10)	2 1 4 1	5,629	2,888,182					
R			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,14:		0					
R	13		ilar amounts paid (Part IX, column (A), lines 1-3)	3,14:							
2	14	Benefits paid t	ilar amounts paid (Part IX, column (A), lines 1-3)								
	14 15	Benefits paid t Salaries, other	ilar amounts paid (Part IX, column (A), lines 1-3)	1,549	9,819	1,751,046					
	14 15 16a	Benefits paid t Salaries, other Professional fu	ilar amounts paid (Part IX, column (A), lines 1-3)	1,549	9,819	1,751,046					
	14 15 16a b	Benefits paid t Salaries, other Professional fu Total fundraisi	ilar amounts paid (Part IX, column (A), lines 1-3)	1,54	1,004	1,751,046 30,725					
Expenses	14 15 16a b 17	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense	ilar amounts paid (Part IX, column (A), lines 1-3)	1,549	9,316	1,751,046 30,725 900,407					
	14 15 16a b 17 18	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expenses	ilar amounts paid (Part IX, column (A), lines 1-3)	1,549 4: 65: 2,250	9,316	1,751,046 30,725 900,407 2,682,178					
Expenses	14 15 16a b 17	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expenses	ilar amounts paid (Part IX, column (A), lines 1-3)	1,545 4: 655 2,250 895	1,004 9,316 0,139 5,490	1,751,046 30,725 900,407 2,682,178 206,004					
Expenses	14 15 16a b 17 18 19	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expenses Revenue less	ilar amounts paid (Part IX, column (A), lines 1-3)	1,545 4: 655 2,250 895 Beginning of Curr	1,004 9,316 0,139 5,490 rent Year	1,751,046 30,725 900,407 2,682,178 206,004 End of Year					
Expenses	14 15 16a b 17 18 19 20	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expense Revenue less Total assets (F	ilar amounts paid (Part IX, column (A), lines 1-3)	1,545 4: 655 2,250 899 Beginning of Curr 2,254	1,004 9,316 0,139 5,490 rent Year 4,925	1,751,046 30,725 900,407 2,682,178 206,004 End of Year 2,737,681					
Expenses	14 15 16a b 17 18 19 20 21	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expenses Revenue less Total assets (F Total liabilities	ilar amounts paid (Part IX, column (A), lines 1-3)	1,549 4: 659 2,250 899 Beginning of Curr 2,254 84	1,004 9,316 0,139 5,490 rent Year 4,925 4,911	1,751,046 30,725 900,407 2,682,178 206,004 End of Year 2,737,681 361,663					
Net Assets or Expenses Fund Balances	14 15 16a b 17 18 19 20 21 22	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expenses Revenue less Total assets (F Total liabilities Net assets or	illar amounts paid (Part IX, column (A), lines 1-3)	1,549 4: 659 2,250 899 Beginning of Curr 2,254 84	1,004 9,316 0,139 5,490 rent Year 4,925	0 1,751,046 30,725 900,407 2,682,178 206,004 End of Year 2,737,681 361,663 2,376,018					
Fund Balances Expenses	14 15 16a b 17 18 19 20 21 22 : II	Benefits paid t Salaries, other Professional fu Total fundraisi Other expense Total expenses Revenue less Total assets (F Total liabilities Net assets or <b>Signature</b>	illar amounts paid (Part IX, column (A), lines 1-3)	1,549 4: 659 2,250 899 Beginning of Curr 2,254 84 2,170	1,004 9,316 0,139 5,490 rent Year 4,925 4,911 0,014	1,751,046 30,725 900,407 2,682,178 206,004 End of Year 2,737,681 361,663					

	naomroom o ma	20112				
Sign	Signature of officer			Date		
Here	Kathleen C Ma	rchi, Chief Executive Of:	ficer & President			
	Type or print name and title	)				
	Print/Type preparer's name	Preparer's signature	Date	Check X if PTIN		
Paid	Elaine Renzi	Elaine Re	myi 03-15-2021	self-employed P00624491		
Preparer	Firm's name	Elaine Renzi, CPA, LLC		Firm's EIN 🕨		
Use Only	Firm's address 🕨	8 Richard Lane		Phone no.		
		Franklin MA 02038		508-528-8813		
May the IRS	discuss this return with the	preparer shown above? (see instruction	ons)	X Yes 🗌 No		

Form	n 990 (2019) Samaritans, Inc. (	04-2643466	Page <b>2</b>
Par	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:		
	A non-religious, volunteer organization serving greater Boston & Metrowest, de		
	the incidence of suicide by befriending individuals in crisis, providing suici	de loss gri	ef
	support, & educating the community about effective prevention strategies.		
~	Diddle and in the second state of the		
2	Did the organization undertake any significant program services during the year which were not listed on the		N -
		Yes <u>x</u>	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			No
	If "Yes," describe these changes on Schedule O.		NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l	by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	-	
	the total expenses, and revenue, if any, for each program service reported.	,	
	······································		
4a	(Code: ) (Expenses \$ 1,088,344 including grants of \$ ) (Revenue \$	398,	372)
	Crisis Services: Assists adults and teens in despair or distress in order to r	educe the i	ncidence
	of suicide. 67,500 calls were answered. Calls are answered 24 hours per day. C		
	services have been added to the response options. During fiscal year 2020, 1,0	21 chats we	re
	answered and 11,904 texts were answered.		
4b		5 124,	/
	Grief Support Services: Provide support to those who have lost a loved one to		
	at SafePlace, Survivor to Survivor network visits and After Suicide Grief Work	shops total	ed
	1,958.		
4c	(Code: ) (Expenses \$ 365,219 including grants of \$ ) (Revenue \$	§ 90,2	250)
	Outreach & Education Programs: Provide education to groups and individuals abo		/
	incidence of suicide. During fiscal year 2020, 489 workshops were held with 11		
	In addition 53 community events were held with 7,079 attendees.	.,	<u>- p a o p .</u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  1,862,991		
EEA		Form <b>9</b>	<b>90</b> (2019)

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Pa	rt IV Checklist of Required Schedules			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	-	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	x	
	VII, VIII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	114	~	
N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
Ũ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b				
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
		_		

Form	990 (2019) Samaritans, Inc. 04-26434	66	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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	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			
	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 L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		~
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		v
07	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		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	07		
•••	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			
	"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		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Par				L
ı al	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U		1c		
	reportable gaming (gambling) winnings to prize winners?			<u> </u>

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Pa	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	39			
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 in Schedule Q	-	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	F			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	E E E E E E E E E E E E E E E E E E E	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	••••			
u	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	••••	Ua		~
b	gifts were not tax deductible?		6b		
7	-	• • • • •	uo		
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				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	••••	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	••••	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	[	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	[	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	[	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	[	9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		IJa		
h					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plane.				
_	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand		4.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	-	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	••••	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	· · · · · [	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	[	16		x
	If "Yes," complete Form 4720, Schedule O.				

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Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	r a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi	ons.		_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			1
			Yes	No
1a		6		
	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		6		
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		х
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?			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 70	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	. 7a		v
h	one or more members of the governing body?	. <i>1</i> a		X
b	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	. 75		•
U	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses 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		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	x	
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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	x	
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	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?	. 14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a ⊾	The organization's CEO, Executive Director, or top management official		x	
b	Other officers or key employees of the organization	. 15b		x
160	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		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 10a		X
b	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		
Sec	tion C. Disclosure	. 100	I	1
17	List the states with which a copy of this Form 990 is required to be filed  Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: Strain and the strain and t			
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			
	Kathleen C Marchi (617)536-2460, 41 West Street - 4th Floor, Boston, MA 02111			

Form 990 (201	B) Samaritans, Inc.	04-2643466	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employee	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	nis table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	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.

	ny related erganizat				4					
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any	oro	Ins	Officer	Ke	Hig em	For	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	hours for related	direc	tituti	icer	y em	ploy	Former	(		related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	ee				
	below	Jstee	trust		ee	Ipen				
	dotted line)	(J	ee			Highest compensated employee				
						d				
(1) Joe Shapiro	1.00									
Director		х						0	0	0
(2) Mark_Horgan	3.00									
Chair		х		х				0	0	0
(3) Mary McDonagh	1.00									
Director		х						0	0	0
(4) Terrie Perella	1.00									
Director		х						0	0	0
(5) Vin Capozzi	<u>1.0</u> 0									
Director		х						0	0	0
(6) Peter Bean	1.00									
Director		х						0	0	0
(7) Tom Burke	<u>1.0</u> 0									
Director		х						0	0	0
(8) Lisa Sarno	<u>1.0</u> 0									
Director		х						0	0	0
(9) Nicole Costa Moustafa	<u>1.0</u> 0									
Director		х						0	0	0
(10)Samantha Joseph	3.00									
Co-Vice-Chair		х		х				0	0	0
(11)Kathy_Ruggiero	<u>1.0</u> 0									
Director		х						0	0	0
(12)Kacy_Cerasoli_Maitland	3.00									
Co-Vice-Chair		х		х				0	0	0
(13)Debbie Connolly	1.00									
Director		х						0	0	0
(14)Stacey Marino	3.00									
Treasurer	9.00	х		x				0	0	0
EEA										Form <b>990</b> (2019)

Form 990 (201	B) Samaritans, Inc.	04-2643466	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated Employee	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the	
organization's	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.

				(	C)	,		, ,		
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	box, offic	unless er and a	pers	son is	han one s both ar /trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	rrom the organization and related organizations
(1) Larry Buchsbaum	1.00									
Clerk		х		х				0	0	0
(2) Kevin Smithson	1.00									
Director		x						0	0	0
(3) Jill Borelli	1.00									
Director		x						0	0	0
(4) Leah Goldstein	1.00									
Director		х						0	0	0
(5) Emma Feldmann	1.00									
Director		х						0	0	0
(6) Kevin Lilly	1.00									
Director		х						0	0	0
(7) Ann Marie Oliver	1.00									
Director		x						0	0	0
(8) David Majenski	1.00									
Director		x						0	0	0
(9) Bruce Herzfelder	1.00									
Director		х						0	0	0
(10)Doug_Murphy	1.00									
Director		х						0	0	0
(11)Susie Korb	1.00									
Director		х						0	0	0
(12)Kennedy_Elsey	1.00									
Director		x						0	0	0
(13)Kathleen C Marchi	40.00									
Chief Executive Officer & President				х				0	0	0
(14)Stephen Mongeau	40.00									
Executive Director				х				142,728	0	7,723
EEA										Form <b>990</b> (2019)

Part V	II Section A. Officers, Directors, Trustee	s. Kev Emn	lovees	s, and	High	est Cr	omne	ensated Employe	es (contini	led)			age 8
		s, ney Emp	loyees	, and	(C)	031 01	Jinpo						
					Position								
	(A)	(B)	(do n			han one		(D)	(E)			(F)	
	Name and title	Average	`			s both ar		Reportable	Reportal	ble	Estin	nated am	ount
		hours	office	er and a	director	/trustee)	)	compensation	compensa			of other	
		per week			_			from the organization	from relat organizati			mpensati from the	ion
		(list any	oro	Ins	Key er Officer	em	F of	(W-2/1099-MISC)	(W-2/1099-M			anization	and
		hours for related	Individual trustee or director	Institutional trustee	Key employee Officer	ploy	Former				relate	d organiz	zations
		organizations	tor t	ona	loldt	ee							
		below	uste	trus	/ee	npe							
		dotted line)	ŏ	stee		Highest compensated employee							
[ <b>15</b> ]Jan	et Lawn	40.00											
evelo	pment Officer				_	х		140,397		0		14,3	192
	White	40.00											
Chief	Program Officer					х		110,462		0		6,2	220
17)													
18)													
					_								
19)													
20)													
21)													
22)													
23)													
24)													
<u></u>													
	Subtotal		•••	•••		•••	• •						
	Total from continuation sheets to Part VII, Sect		• • • •										
	Fotal (add lines 1b and 1c)							393,587	-	0		28,	135
	Total number of individuals (including but not limit		sted al	ove) v	who re	eceive	d mo	ore than \$100,000	of				
r	eportable compensation from the organization	•										Vee	Na
<b>3</b> [	Did the organization list any <b>former</b> officer, direc	tor trustee k	ev em	plove	e or h	iahest	t com	pensated				Yes	No
	employee on line 1a? <i>If "Yes," complete Schedu</i>		•			-		•			3		x
										••••	3		
	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th					te Sch	edul	e J for such					
	ndividual						•••		• • • • •		4	X	└──
<b>5</b> [	Did any person listed on line 1a receive or accrue	compensatio	n from	any u	nrelate	ed org	aniza	ation or individual					
f	or services rendered to the organization? If "Yes	s," complete 3	Sched	ule J fo	or suc	h pers	son				5		х
Sectio	n B. Independent Contractors												
1 (	Complete this table for your five highest compensa	ted independ	ent co	ntracto	ors tha	t recei	ved ı	more than \$100,00	)0 of				
c	compensation from the organization. Report comp	ensation for t	he cale	endar	year e	ending	with	or within the organ	nization's ta	x year.			
	(A)							(B)			(C)		
	Name and business addres	s						Description of service	es		Compens	sation	

received more than \$100,000 of compensation from the organization

1a       Fec         b       Mei         c       Fur         d       Rei         e       Go         f       All         g       Nor         ine       n         f       All         g       Nor         ine       n         f       All         g       Tota         d					04-26434	66 Page
art vi	Check if Schedule O contains a response or note to	any line in this	Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a   Federated campaigns   1a	15,000				
<u>ه</u>	b Membership dues 1b					
n tr	c Fundraising events 1c					
e l	d Related organizations 1d					
ar/	e Government grants (contributions) 1e					
	<b>f</b> All other contributions, gifts, grants,					
Jer (		,210,798				
ā	5					
and	lines 1a-1f	7,990				
	h Total. Add lines 1a-1f		2,225,798			
	0- D C CO.41	siness Code	(10.000	(10.000		
	2a Program fees 6241	100	613,377	613,377		
e	·					
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts and Other Similar Amounts 1						
	f All other program service revenue					
	g Total. Add lines 2a-2f		613,377			
		F				
	other similar amounts)		19,404			19,4
	4 Income from investment of tax-exempt bond proceeds	►				
	<b>5</b> Royalties					
	(i) Real (ii	ii) Personal				
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(ii) Other				
	sales of assets other than inventory b locate the three three theory <b>7a</b> 536					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c 536					
	<b>d</b> Net gain or (loss)	►	536			5
	8a Gross income from fundraising					
5	events (not including \$					
	of contributions reported on line					
	1c). See Part IV, line 18 8a	92,380				
	b Less: direct expenses	63,313				
	<b>c</b> Net income or (loss) from fundraising events	· · · ►	29,067			29,0
	9a Gross income from gaming					
	activities, See Part IV, line 19 9a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	· · · ►				
1	10a Gross sales of inventory, less         returns and allowances         10a					
Miscellanous Other Revenue Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts Amounts	returns and allowances         10a           b         Less: cost of goods sold         10b					
	c Net income or (loss) from sales of inventory					
Miscellanous Other Revenue Cother Revenue Revenue L		siness Code				
1						
	h					
<u> </u>	d All other revenue					
Miscellanous Other Revenue Contributions, Gifts, Grants Miscellanous Revenue Revenue and Other Similar Amounts V	<b>e Total.</b> Add lines 11a-11d	<u></u> .▶				
	<b>12 Total revenue.</b> See instructions		2,888,182	613,377	0	49,0

е

25

26

23

24

a Major donor initiatives

d Other in-kind donations

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 🕨 📙 if

following SOP 98-2 (ASC 958-720)

b Miscellaneous

All other expenses

c Program support

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.)

Total functional expenses. Add lines 1 through 24e. .

Secil	on 501(c)(3) and 501(c)(4) organizations must complete all c		izations must complet	ie col
_	Check if Schedule O contains a response or note to		(P)	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	Ma ge
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22			
3	Grants and other assistance to foreign			
	organizations, foreign governments, and			
	foreign individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	176,448	128,807	
6	Compensation not included above, to disqualified		,	
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	1,300,834	1,098,081	
8	Pension plan accruals and contributions (include		_,	
	section 401(k) and 403(b) employer contributions)	22,522	17,895	
9	Other employee benefits	123,252	99,380	
0	Payroll taxes	127,990	106,360	
1	Fees for services (nonemployees):			
а	Management			
b		6,573	5,758	
c		53,488		
d	Lobbying	,		
e	Professional fundraising services. See Part IV, line 17 .	30,725		
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25, column			
3	(A) amount, list line 11g expenses on Schedule O.)	82,178	16,875	
12	Advertising and promotion			
13	Office expenses	106,056	68,979	
14	Information technology	242,682	31,126	
5	Royalties			
16		196,105	171,788	
17	Travel	1907200	1/1//00	
8	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	12,605	10,621	
20		12,003	10,021	
-•				
21	Payments to affiliates		1	

complete column (A).

(D) Fundraising

expenses

35,290

164,835

3,556

16,405

17,304

30,725

19,968

32,813

187,372

19,022

1,762

330

24,213

42,823

7,773

4,103

608,932

638

(C) Management and

general expenses

12,351

37,918

1,071

7,467

4,326

177

53,488

45,335

4,264

<u>5,2</u>95

222

110

2,407

9,558

2,082

210,255

15,775

28,027

77,063

16,000

7,990

48,306

2,682,178

13,368

3,814

24,682

16,000

42,121

1,862,991

217

24,184

Form	990 (20	019) Samaritans, Inc.	04	4-264	3466 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)
	r		Beginning of year		End of year
	1	Cash - non-interest-bearing	50,423	1	20,486
	2	Savings and temporary cash investments	1,375,345	2	2,149,904
	3	Pledges and grants receivable, net	566,500	3	320,845
	4	Accounts receivable, net	184,962	4	159,813
	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		7	
Assets	8	Inventories for sale or use		8	
βŝ	9	Prepaid expenses and deferred charges	51,796	9	68,292
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 73,957			
	b	Less: accumulated depreciation         10b         55,616	25,899	10c	18,341
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,254,925	16	2,737,681
	17	Accounts payable and accrued expenses	78,229	17	117,307
	18	Grants payable		18	
	19	Deferred revenue	6,682	19	1,156
	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%			
Liak		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	243,200
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	84,911	26	361,663
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,578,248	27	2,038,185
Bali	28	Net assets with donor restrictions	591,766	28	337,833
lpu		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	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,170,014	32	2,376,018
	33	Total liabilities and net assets/fund balances	2,254,925	33	2,737,681

EEA

Form **990** (2019)

Form	990 (2019) Samaritans, Inc. 0	4-26434	66	P	age <b>12</b>
Par	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	2,	888,	182
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	682,	178
3	Revenue less expenses. Subtract line 2 from line 1	3		206,	,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	170,	014
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,	376,	,018
Par	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	x	
	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:				
	X Separate basis 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	x	
	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		x
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	<b>990</b> (	2019)

SCHEDL	JLE A
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Internal Revenue Service

# **Public Charity Status and Public Support**

OMB No. 1545-0047

(Form 99	0 or	990-EZ)
Department	of the	Treasury

### Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ► Attach to Form 990 or Form 990-EZ.

2019 **Open to Public** Inspection

	►	Go to www.irs.gov/Form990 for instructions and the latest information.
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Name	e of the	organization					Employer identificat	ion number
Sam	ari	tans, Inc.					04-264346	6
	rt I	Reason for Public Charit	v Status (All or	anizations must co	omplete	this part.		
		nization is not a private foundation bec					/	
1		A church, convention of churches, of	•	•	•			
	H							
2		A school described in section 170(b			-	-		
3	Ц	A hospital or a cooperative hospital	0					
4		A medical research organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the ben	efit of a college or ι	iniversity owned or opera	ated by a g	overnmenta	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6	Π	A federal, state, or local government	,	nit described in <b>section</b>	170(b)(1)	Δ)(v)		
7	x	-	-				the general nublic	
1	A	An organization that normally receive	•		ennena		r the general public	
		described in section 170(b)(1)(A)(v						
8		A community trust described in sect	ion 170(b)(1)(A)(vi	i <b>).</b> (Complete Part II.)				
9		An agricultural research organization	n described in <b>sect</b> i	i <b>on 170(b)(1)(A)(ix)</b> ope	rated in co	njunction v	vith a land-grant colleg	je
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, cit	y, and state	e of the college or	
		university:						
10		An organization that normally receive	es: (1) more than 33	1/3% of its support from	n contributi	ons, membe	ership fees, and gross	
		receipts from activities related to its e						
		support from gross investment incom	•	, ,		,		
		acquired by the organization after Ju				-		
						,		
11		An organization organized and operation	-					
12		An organization organized and opera	•				• • •	
		of one or more publicly supported or	-					
		Check the box in lines 12a through 1	2d that describes th	e type of supporting orga	anization a	nd complete	e lines 12e, 12f, and 12	2g.
	а	<b>Type I.</b> A supporting organizatio	n operated, superv	ised, or controlled by its	supported	organizatio	on(s), typically by givir	ng
		the supported organization(s) the	e power to regularly	appoint or elect a major	ity of the d	irectors or	trustees of the	
		supporting organization. You m	ust complete Part	IV. Sections A and B.	-			
	b	<b>Type II.</b> A supporting organization			ith its supr	orted orda	nization(s) by having	
	~	control or management of the su				-		
		-		•			ianage the supported	
		organization(s). You must com						
	С	Type III functionally integrated						th,
		its supported organization(s) (se	e instructions). You	u must complete Part IV	V, Section	is A, D, an	d E.	
	d	Type III non-functionally integ	rated. A supporting	g organization operated i	n connecti	on with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a di	istribution r	equirement	t and an attentiveness	
		requirement (see instructions).	ou must complet	e Part IV, Sections A ar	nd D, and	Part V.		
	е	Check this box if the organization					vpe II. Type III	
		functionally integrated, or Type II					JF, . JF	
	f	Enter the number of supported organ	-	· · · · · · · · · · · · · · · · · ·				
								••••
	g	Provide the following information abo						
	(i	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
				above (see instructions))	docum		instructions)	other support (see instructions)
				· · · · · · · · · · · · · · · · · · ·			,	,
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(-)			1			1		

(E) Total

	dule A (Form 990 or 990-EZ) 2019 Samaritan					04-264340	
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	r the tests list	ted below, ple	ease complet	e Part III.)	
	ction A. Public Support						
	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
-	include any "unusual grants.")	1,525,447	1,767,380	2,357,535	2,539,415	2,868,132	11,057,909
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	<b>Total.</b> Add lines 1 through 3	1,525,447	1,767,380	2,357,535	2,539,415	2,868,132	11,057,909
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)						1,099,163
$\frac{6}{80}$							9,958,746
	ction B. Total Support endar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(a) 2017	(4) 2019	(a) 2010	
	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		1,525,447	1,767,380	2,357,535	2,539,415	2,868,132	11,057,909
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
•	similar sources	532	662	332	5,765	19,940	27,231
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						
44	(Explain in Part VI.)						11 005 140
	<b>Total support.</b> Add lines 7 through 10					12	11,085,140
	Gross receipts from related activities, etc. (se <b>First five years.</b> If the Form 990 is for the or						(2)
15	•	0				· · ·	
50	organization, check this box and stop here ction C. Computation of Public Support					•••••	••••
14	Public support percentage for 2019 (line 6, c			olumn (f))		14	89.84 %
15	Public support percentage from 2018 Sched					15	89.11 %
-	33 1/3% support test - 2019. If the organiza						
104	box and <b>stop here.</b> The organization qualifie						
ŀ	33 1/3% support test - 2018. If the organization						
K	this box and <b>stop here.</b> The organization qu						·
179	10%-facts-and-circumstances test - 2019.		• • • •	-			
170	10% or more, and if the organization meets t	-					
	Part VI how the organization meets the "facts						
	organization			-			
ŀ	0 10%-facts-and-circumstances test - 2018.						
Ľ	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meet					-	ichy
	supported organization				• .	•	•
12	<b>Private foundation.</b> If the organization did n						•••• •
10	6						
		• • • • • • • •				• • • • • • • •	· · · · F 📋

Sche	dule A (Form 990 or 990-EZ) 2019 Samaritan					04-2643466	Page <b>3</b>
Pa	Irt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	inization faile	d to qualify unde	⊧r Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part	II.)	
See	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(,		(0) _0	(0) = 0.00	(0) = 0.00	
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	anization's fi	rst. second. thi	rd. fourth. or fit	fth tax vear as	a section 501(c)(3	() ()
	organization, check this box and stop here	•			•		,
Sec	ction C. Computation of Public Suppor	rt Percentag	e				<u></u>
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Schedu					16	%
	ction D. Computation of Investment Inc						
-	Investment income percentage for 2019 (line			ine 13. columr	n (f)).	17	%
	Investment income percentage from <b>2018</b> So		• •			18	%
	<b>33 1/3% support tests - 2019.</b> If the organiz					-	
	17 is not more than 33 1/3%, check this box						
b	<b>33 1/3% support tests - 2018.</b> If the organiz	-	-	-			
~	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did n						
			,	, , ,			

art	A (Form 990 or 990-EZ) 2019 Samaritans, Inc. 04-26434 IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete S	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
ecti	on A. All Supporting Organizations			
			Yes	N
	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		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
C	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		
а	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 (b) and (c) 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 <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		_
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		_
а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	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		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		_
)a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Sched	Jule A (Form 990 or 990-EZ) 2019 Samaritans, Inc. 04-264346	56	F	'age <b>t</b>
Pa	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the honofit of any supported organization other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		N.	
			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	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	۲		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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	instruc	tions	).
a	The organization satisfied the Activities Test. Complete line 2 below.			-
b				
c		v (see i	nstruct	tions
2	Activities Test. Answer (a) and (b) below.	, 1000 11	Yes	No
4			162	

- **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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	Ŭ
<b>1</b> Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	-		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		rated Type III supporting	organization (see
instructions).	integ		5 - 94 m24 10 m (500

Schedule A (Form 990 or 990-EZ) 2019

Samaritans, Inc.

Schedule A (Form 990 or 990-EZ) 2019

Page 6

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Schedu Par	He A (Form 990 or 990-EZ) 2019 Samaritans, Inc. t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	04-264 zations (continued)	3466 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2020</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2019			
	Evenes from 2010			
	Excess from 2019			ula A /Farm 200 000 FFN 0515
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8					
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				

SCHEDULE [	C
(Form 990)	

Department of the Treasury

Internal Revenue Service

# **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 2019 Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name	of the organization		Employer identification number			
Sam	aritans, Inc.		04-2643466			
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.					
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised				
	funds are the organization's property, subject to the organization	on's exclusive legal control?	🗌 Yes 🗌 No			
6	Did the organization inform all grantees, donors, and donor adv		l			
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose				
	conferring impermissible private benefit?		Yes 🗌 No			
Pa	rt II Conservation Easements.					
-	Complete if the organization answered "Yes" of					
1	Purpose(s) of conservation easements held by the organizatio					
	Preservation of land for public use (e.g., recreation or edu	· _	f a historically important land area			
	Protection of natural habitat	Preservation of	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а						
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic struct		2c			
d	Number of conservation easements included in (c) acquired a					
	5	• • • • • • • • • • • • • • • • • • • •				
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the			
	tax year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the period					
•	violations, and enforcement of the conservation easements it h					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easements during the year			
-		an of violations and anti-miner association a				
7	Amount of expenses incurred in monitoring, inspecting, handlin	ig of violations, and enforcing conservation e	easements during the year			
0	► \$ Does each conservation easement reported on line 2(d) above	a actisfy the requirements of apption 170/h)//				
8						
9	In Part XIII, describe how the organization reports conservatio					
3	balance sheet, and include, if applicable, the text of the footnot					
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets			
	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works			
	of art, historical treasures, or other similar assets held for publi					
	service, provide, in Part XIII the text of the footnote to its finan					
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of			
	art, historical treasures, or other similar assets held for public e					
	provide the following amounts relating to these items:					
			▶ \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treat					
	following amounts required to be reported under FASB ASC 9	-				
а		• • • • • • • • • • • • • • • • • • • •	▶ \$			
b	Assets included in Form 990, Part X		▶ \$			

Sched	ule D (Form 990) 2019 Samaritans, Inc.						04-2643			age <b>2</b>
Pa	rt III Organizations Maintaining C	<b>Collections of</b>	Art, His	storical T	reasures,	or Ot	her Similar As	sets (co	ontinu	ıed)
3	Using the organization's acquisition, accession,	and other records,	, check an	y of the follo	owing that ma	ke signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange p	program	IS			
b	Scholarly research		e	Other		- 3				
c	Preservation for future generations		Ŭ							
		otions and avalain	how thou	further the c	rachization's	ovomo	t nurnaga in Dart			
4	Provide a description of the organization's colle	cuons and explain	now they		Jiganizations	exemp	i puipose in Fait			
_	XIII.									
5	During the year, did the organization solicit or re		,		,					
_	assets to be sold to raise funds rather than to b		art of the c	organization	's collection?.				<u>;</u>	No
Pa	rt IV Escrow and Custodial Arrang		_			_			_	
	Complete if the organization ar	nswered "Yes"	on Forn	n 990, Pa	art IV, line 9	9, or re	eported an amo	unt on F	-orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of	or other intermedia	ry for cont	ributions or	other assets	not				
	included on Form 990, Part X?							🗌 Yes	\$	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follo	owing tabl	e:						
							Am	ount		
с	Beginning balance					10	;		-	
d	Additions during the year					10	1			
e										
f	Ending balance									
2a	Did the organization include an amount on Form					· ·				No
b	If "Yes," explain the arrangement in Part XIII. C					•			_	
	rt V Endowment Funds.		planation					••••	· 🗆	
1 4	Complete if the organization ar	newarad "Vae"	on Forn	n 000 Pa	art IV/ line '	10				
							() -	() =		
4-	Device in a factor half and	(a) Current year	(b) Pi	rior year	(c) Two years		(d) Three years back		years ba	
1a	Beginning of year balance				101,	418	100,729		100,8	377
b	Contributions		-							
С	Net investment earnings, gains, and									
			-				689		(1	L48)
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs				101,	418				
f	Administrative expenses									
g	End of year balance						101,418	1	100,7	729
2	Provide the estimated percentage of the current	year end balance	(line 1g, c	olumn (a)) l	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment   %									
с	Term endowment   %									
	The percentages on lines 2a, 2b, and 2c should	egual 100%.								
3a	Are there endowment funds not in the possessi		tion that ar	re held and	administered	for the				
	organization by:	5							Yes	No
	· · · · · · · · ·							. 3a(i)		x
										x
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the or	•				•••		05		
	rt VI Land, Buildings, and Equipm		wittent turi	us.						
га			on Eorn	n 000 Da	ort IV/ line '	112 9	ee Form 000 E	Port X li	no 10	<b>`</b>
	Complete if the organization ar									
	Description of property	(a) Cost or oth			r other basis	. ,	Accumulated	<b>(d)</b> Boo	k value	
		(investm	ent)	(	other)	d	epreciation			
1a	Land	-								
b	Buildings									
С	Leasehold improvements	•			18,766		17,920			346
d	Equipment	•			55,191		37,696		17,4	195
e	Other	I								
Tota	I. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Pa	rt X, colun	nn (B), line	10.c.)				18,3	341

Schedule D (Form 990) 2019

EEA

### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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. . . . .

Sched	ule D (Form 990) 2019 Samaritans, Inc.		04-2643		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total revenue, gains, and other support per audited financial statements $\ldots \ldots \ldots$		1	4,168,250	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments    2	2a			
b	Donated services and use of facilities	2b 1,216,75	5		
С	Recoveries of prior year grants   2	2c			
d	Other (Describe in Part XIII.)	2d 63,31	3		
е	Add lines <b>2a</b> through <b>2d</b>		2e	1,280,068	
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,888,182	
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	la			
b	Other (Describe in Part XIII.)	lb			
С	Add lines <b>4a</b> and <b>4b</b>		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,888,182	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		es per Ro	eturn.	
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total expenses and losses per audited financial statements	•••••	1	3,962,246	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities	2a 1,216,75	5		
b		2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d 63,31	3		
е	Add lines 2a through 2d			1,280,068	
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,682,178	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		la			
b	Other (Describe in Part XIII.)	łb			
С	Add lines <b>4a</b> and <b>4b</b>		-		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,682,178	
	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	s 1b and 2b; Part V, line 4	l; Part X, lir	ne	

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Special events revenue presented gross on financial statements and net on form 990

Page	4-2643466	04							າມດລາ	·nn+···	\n /-	1.41	I Inform	mont	nnla	c	rt XIII
									lueu)	onun	<u>л (с</u>		l Inform	menta	ppier	Suj	
								<b>D</b> t-									0.1
					2a)	ine	XII,	Part	990	orm	n F	a c	include	not	nses	exper	Other
	<i>.</i>																
statemen	financial	audited	on	ense	expe	ed in	nclud	90;	on	enue	rev	to	netted	ense	expe	vents	cial e
												-					

SCHEDULE G	Suppleme	ntal Informatio	n Regard	ling Fund	raising or Gam	ning Act	ivities	OMB No. 1545-0047				
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.											
Department of the Treasury	Department of the Treasury Attach to Form 990 or Form 990-EZ.											
Internal Revenue Service	► (	Go to www.irs.gov/F	orm990 for in	structions a	nd the latest informat	ion.	<b>Franksvaridan</b>	Inspection tification number				
č												
Samaritans, Inc.     Part I   Fundraisi		Complete if th		ration and	wered "Yes" on	Earm 00	04-264					
	-	t required to com	-		weled les off	Form 98	o, Faitiv,					
1 Indicate whether the	organization rais	sed funds through a	•	-								
a x Mail solicitations					f non-government gr	ants						
<b>b</b> x Internet and email					f government grants							
c   Phone solicitation	-		g <u>x</u> S	Special fundr	aising events							
d 📋 In-person solicitat												
2a Did the organization		0		· ·	0	-	_	_				
or key employees lis		, ,		•	0		<u>x</u> Ye					
<b>b</b> If "Yes," list the 10 hi	• ·		ndraisers) pu	ursuant to ag	reements under whi	ch the fund	draiser is to be					
compensated at leas	t \$5,000 by the o	organization.										
					1							
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to				
or entity (fundra	iser)	(ii) Activity	custody or control of contributions?		from activity	fundrais	ser listed in	(or retained by) organization				
				1		C	ol. (i)	g				
4 marine Marine have		<b>G</b>	Yes	No	-							
1 Terry Moynahan		Grant					10 140	(10, 140)				
34 Harvey St, MA		Writing		X			19,140	(19,140)				
2 New Kensington	-	Development					11 505					
4 John Pierson La	ne, 01864	assessment		X			11,585	(11,585)				
3												
4												
5												
6												
7												
8												
9												
10												
				·				/				
						1 <b>6</b> - 1 11 1	30,725	(30,725)				
3 List all states in which	-	n is registered or lic	ensed to soli	icit contributi	ons or has been not	ified it is ex	kempt from					
registration or licensin	g.											
Massachusetts												

Samaritans, Inc.

04-2643466

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				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			5K Road Race	Marathon	None	(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	( <b>c</b> ))
nue						
Revenue	1	Gross receipts	640,921	196,974		837,895
£	•					
	2	Less: Contributions	551,198	194,317		745,515
	3	Gross income (line 1 minus	00 500			~ ~ ~ ~ ~
		line 2)	89,723	2,657		92,380
		Cash prizes				
	4					
	5	Noncash prizes				
	5					
ŝ	6	Rent/facility costs				
Direct Expenses	Ŭ					
xpe	7	Food and beverages				
ш	'					
)ire(	8	Entertainment				
	Ŭ					
	9	Other direct expenses	60,775	2,538		63,313
	•			2,000		00,010
	10	Direct expense summary. Add lines	4 through 9 in column (d)			63,313
	11	Net income summary. Subtract line				29,067
Pa	rt II	II Gaming. Complete if the c				
		\$15,000 on Form 990-EZ,	•		· · ·	
a)			() 5	(b) Pull tabs/instant	() 0//	(d) Total gaming (add
anue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue			(c) Other gaming	
					(c) Other gaming	
					(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
Direct Expenses Revenue	2 3	Cash prizes			(c) Other gaming	
	2 3	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes		bingo/progressive bingo	Yes%	
	2 3 4	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes	% %	bingo/progressive bingo	% Yes%	
	2 3 4 5	Cash prizes	% %	bingo/progressive bingo	% Yes%	
	2 3 4 5 6 7	Cash prizes	Yes        %            No           s 2 through 5 in column (d)	bingo/progressive bingo	□ Yes% □ No	
	2 3 4 5	Cash prizes	Yes        %            No           s 2 through 5 in column (d)	bingo/progressive bingo	□ Yes% □ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo	□ Yes% □ No	
6 Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo	<pre>     Yes%     No     No </pre>	col. (a) through col. (c))
birect Expenses	2 3 4 5 6 7 8 8 Entist	Cash prizes	Yes % No S 2 through 5 in column (d) tract line 7 from line 1, coluu tion conducts gaming activitigaming activities in each of	bingo/progressive bingo	<pre>     Yes%     No     No </pre>	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 8 Entist	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo	<pre>     Yes%     No     No </pre>	col. (a) through col. (c))
birect Expenses	2 3 4 5 6 7 8 8 Entist	Cash prizes	Yes % No S 2 through 5 in column (d) tract line 7 from line 1, coluu tion conducts gaming activitigaming activities in each of	bingo/progressive bingo	<pre>     Yes%     No     No </pre>	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En 1s 1 1s	Cash prizes	Yes% No S 2 through 5 in column (d) tract line 7 from line 1, coluit tion conducts gaming activities in each of	bingo/progressive bingo	Yes%          No	Yes . No
Direct Expenses	2 3 4 5 6 7 8 En Is 1 9 If	Cash prizes	Yes% No S 2 through 5 in column (d) tract line 7 from line 1, coluit tion conducts gaming activities in each of	bingo/progressive bingo	Yes%          No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is 1 9 If	Cash prizes	Yes% No S 2 through 5 in column (d) tract line 7 from line 1, coluit tion conducts gaming activities in each of	bingo/progressive bingo	Yes%          No	Yes . No

	SCHEDULE J Compensation Information						
(Foi	rm 990)		istees, Key Employees, and Highest	:	<b>20</b> <sup>-</sup>	19	
		Compensate Complete if the organization answer	d Employees red "Yes" on Form 990, Part IV, line	23.			
	tment of the Treasury	Attach to	o Form 990.		Open to Inspec		IC
Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.           Name of the organization         Employer identification							
	aritans, Inc.			04-2643466			
Pa		s Regarding Compensation					
		<b>.</b> .				Yes	No
1a	Check the appropri	te box(es) if the organization provided any of the f	ollowing to or for a person listed on Fo	rm			
	990, Part VII, Section	n A, line 1a. Complete Part III to provide any relev	ant information regarding these items				
	First-class or cl	arter travel	Housing allowance or residence for p	ersonal use			
	Travel for comp		Payments for business use of persona				
	_	0 11 )	Health or social club dues or initiation				
	Discretionary s	pending account	Personal services (such as maid, cha	uffeur, chef)			
	lf and a filler have a	. In the second standard states are started at the second started started started started started started start					
b		on line 1a are checked, did the organization follow a					
		provision of all of the expenses described above?	· ·		1b		
					15		
2	Did the organization	require substantiation prior to reimbursing or allow	ving expenses incurred by all				
-	0	nd officers, including the CEO/Executive Director,					
		······································			2		
3	Indicate which, if ar	y, of the following the organization used to establis	h the compensation of the				
	organization's CEO	Executive Director. Check all that apply. Do not ch	eck any boxes for methods used by a				
	related organization	to establish compensation of the CEO/Executive E	Director, but explain in Part III.				
	Compensation of	ommittee	Written employment contract				
	Independent co	mpensation consultant	Compensation survey or study				
	Form 990 of ot	er organizations	Approval by the board or compensation	on committee			
4		any person listed on Form 990, Part VII, Section A,	line 1a, with respect to the filing				
	organization or a re	·					
		e payment or change-of-control payment?			4a		
		eive payment from, a supplemental nonqualified ret			4b		
С		eive payment from, an equity-based compensation			4c		
	If tes to any of in	es 4a-c, list the persons and provide the applicable	amounts for each item in Part III.				
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations mus	st complete lines 5-9				
5		n Form 990, Part VII, Section A, line 1a, did the orga					
•		igent on the revenues of:					
а					5a		x
	0	ation?			5b		x
	•	r 5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the orga	anization pay or accrue any				
	•	igent on the net earnings of:					
	•				6a		x
b	•	ation?			6b		x
	If "Yes" on line 6a c	r 6b, describe in Part III.					
_	<b>F</b>		ania dia mandri di Cont				
7	•	n Form 990, Part VII, Section A, line 1a, did the orga					
•		bed on lines 5 and 6? If "Yes," describe in Part III		••••	7		X
8	,	reported on Form 990, Part VII, paid or accrued pu	,				
		exception described in Regulations section 53.49			8		v
	III Fait III				Ő		x
9	lf "Yes" on line & di	the organization also follow the rebuttable presum	notion procedure described in				
5		53.4958-6(c)?			9		
For F		n Act Notice, see the Instructions for Form 990.		Schedule		990	2010

For Paperwork Reduction Act Notice, see the Instruction	ns for F	orm	99
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### 04-2643466

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#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(i) Base	W-2 and/or 1099-MI	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
		compensation	compensation	compensation				Form 990
Janet Lawn	(i)	140,397	0	0	4,337	9,855	154,589	
1 Development Officer	(ii)	0	0	0	0	0	0	
Stephen Mongeau	(i)	142,728	0	0	2,244	5,479	150,451	
2 Executive Director	(ii)	0	0	0	0	0	0	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
16	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Samaritans, Inc.

OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

04-2643466

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

The 990 was reviewed and discussed in detail by the Executive Director, Chief Development

Officer, Board chair, and the Executive Committee. The entire Board received the 990 for

review prior to filing.

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

Annually, officers, directors and key employees are required to disclose in writing any

outside interests that could give rise to conflicts of interest regarding their

involvement with Samaritans.

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

On an annual basis, Executive Director compensation is reviewed and approved by the

Executive Committee of the Board of Directors. Comparability data is reviewed. The

Executive Board communicates the compensation decision to the accountant via email.

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

Compensation of the Organization's management team, who are not considered key employees

based on the IRS definition, is based on a review of comparable data and is reviewed by

the Executive Committee of the Board of Directors.

## 05. Form 990 availability to public (Part VI, line 18)

The Organization's 990 is also available to the public via the Guidestar.org website and

at samaritanshope.org.

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

 The Organization makes its governing documents, conflict of interest policy, and financial

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

 EEA

	Schedule O (Form 990 or 990-EZ) (2019)	Page 2
	Name of the organization	
rtatements available to the public upon request.	Samaritans, Inc.	04-2643466
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