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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

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

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
The Samaritan Group, Inc.
Number and street (or P O box, if mail is not delivered to street address)
PO Box 784
Room/suite
City or town, state or province, country, and ZIP or foreign postal code
White Marsh, VA 22183 USA 23061

D Employer identification number
54-1573656
E Telephone number
804-693-2252
F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.samantangroupinc.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 82,246

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1		2		3		4		5a		5b		5c		6a		6b		6c		6d		7a		7b		7c		8		9																																	
Revenue	1	Contributions, gifts, grants, and similar amounts received		58,221		2		0		3		0		4		0		5a		0		5b		0		5c		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225	
	2	Program service revenue including government fees and contracts		0		3		0		4		0		5a		0		5b		0		5c		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225					
	3	Membership dues and assessments		0		4		0		5a		0		5b		0		5c		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225									
	4	Investment income		0		5a		0		5b		0		5c		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225													
	5a	Gross amount from sale of assets other than inventory		0		5b		0		5c		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225																	
	b	Less: cost or other basis and sales expenses		0		5c		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225																					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		58,221		6a		0		6b		24,026		6c		8,021		6d		16,004		7a		0		7b		0		7c		0		8		0		9		74,225																									
	6	Gaming and fundraising events																																																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		0																																																													
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		24,026																																																													
c	Less: direct expenses from gaming and fundraising events		8,021																																																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		16,004																																																														
7a	Gross sales of inventory, less returns and allowances		0																																																														
b	Less: cost of goods sold		0																																																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		0																																																														
8	Other revenue (describe in Schedule O)		0																																																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		74,225																																																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)		0		11		0		12		0		13		0		14		0		15		468		16		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																	
	11	Benefits paid to or for members		0		12		0		13		0		14		0		15		468		16		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																					
	12	Salaries, other compensation, and employee benefits		0		13		0		14		0		15		468		16		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																									
	13	Professional fees and other payments to independent contractors		0		14		0		15		468		16		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																													
	14	Occupancy, rent, utilities, and maintenance		0		15		468		16		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																																	
	15	Printing, publications, postage, and shipping		468		16		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																																					
	16	Other expenses (describe in Schedule O)		68,897		17		69,365		18		4,860		19		21,601		20		12,918		21		35,289																																									
17	Total expenses. Add lines 10 through 16 ▶		69,365		18		4,860		19		21,601		20		12,918		21		35,289																																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		4,860		19		21,601		20		12,918		21		35,289																																																	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		21,601																																																													
	20	Other changes in net assets or fund balances (explain in Schedule O)		12,918																																																													
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		35,289																																																														

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,601	22 24,148
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 12,918
25 Total assets	21,601	25 35,289
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,601	27 35,289

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To assist the needy in Gloucester

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Aid to 142 families to pay emergency bills (Electric, Rent, Car Repair)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Aid to children of low income families to pay extra school fees, and to two local programs serving the same population (Rural Infant Services Program and 3 Rivers Healthy Families)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nancy Dwoyer Co-Chair	3			
Amelita Thomas Co-Chair	2	0	0	0
Bill Fulton Vice-Chair	4			
Bev Kearney Recording Secretary	1	0	0	0
Sandy Riggan Corresponding Secretary	2			
Susan Conner Treasurer	2	0	0	0
Vickie Linkous Asst. Treasurer	1			
Marsha Germek Caseworker	3	0	0	0
Mel Shelby Caseworker	3			
Arliss Ketchum Caseworker	3	0	0	0
Ricky Wyatt Director	1			
Linda Phillips Director	1/2	0	0	0
Ken Bunting Director	1			
Joni Neal Director	1	0	0	0
Stephanie Jeffrey Director	1/2			
Lester Sterling Director	2	0	0	0
Michael Harris Director	2			
Meghan Taylor Director	1	0	0	0
Daniel Hogge Director	1/2			
Leslie Belvin Director	1/2	0	0	0
Regina Adams	1/2			
Sid Dixon	1/2	0	0	0
Bobby Ray	1/2			
Vicki Williams	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Susan Conner Telephone no. 804-693-3522 Located at 5346 Glebe Hall Rd., Gloucester, VA ZIP + 4 23061
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	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	Yes	No
		47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 NONE

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	<i>Nancy Dwoyer</i> Signature of officer	May 7 2014 Date
	Nancy Dwoyer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		golf tournament (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	14,466		9560	24,026
	2 Less: Contributions	0			
	3 Gross income (line 1 minus line 2)	14,466		9560	24,026
Direct Expenses	4 Cash prizes	720			720
	5 Noncash prizes				
	6 Rent/facility costs	5416			5416
	7 Food and beverages			1200	1200
	8 Entertainment				
	9 Other direct expenses	685			685
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				8021
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				16,004	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
The Samaritan Group, Inc

Employer identification number
54-1573656

Expenses Part I 16 - Other expenses paying for clients emergency bills, paying for childrens needs

Net Assets Part I 24 - Addition of county disaster relief funds