



SHAMSAHA

annual report 2023

## who we are

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We believe in a future where women are able to reach their full potential and achieve their dreams. When women reach out, we respond.

Shamsaha's vision is to empower women to thrive. We believe in acting with conviction and compassion. Shamsaha strives to amplify women's potential. From breaking the silence around domestic violence and providing 24/7 crisis care; to starting compassionate conversations about empowerment and educating future generations, we give all women a voice so they can fulfill their dreams.



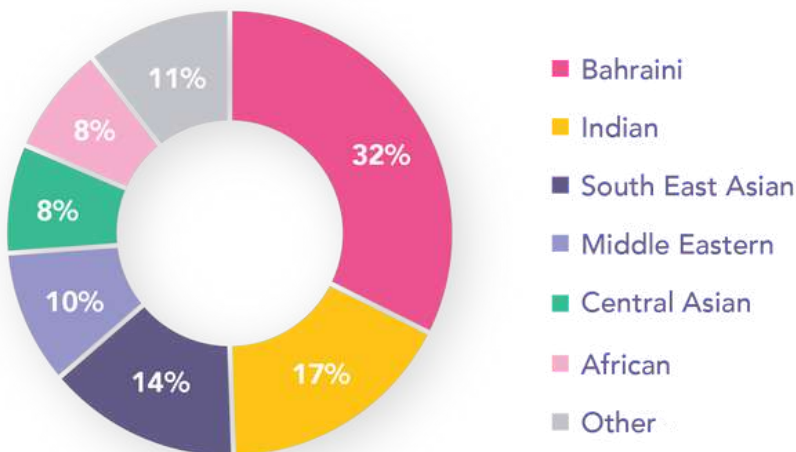
# our clients

**51,094 direct beneficiaries**

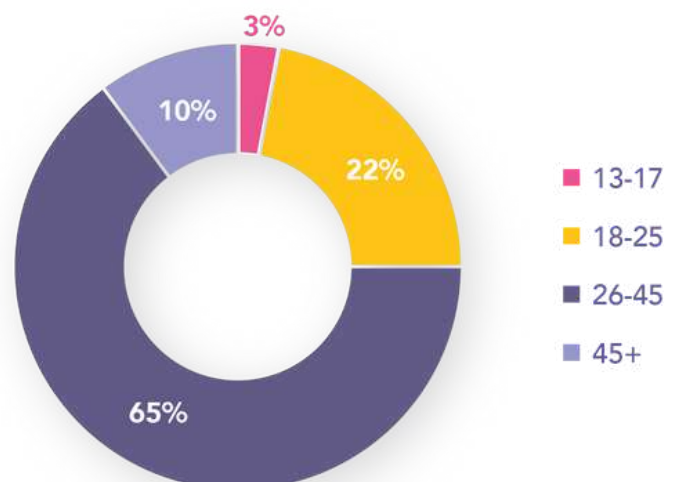
**153,282 indirect beneficiaries**

Shamsaha empowers women of all ages and nationalities in the GCC and MENA regions by providing unwavering support and assistance.

**clients by nationality**



**clients by age**



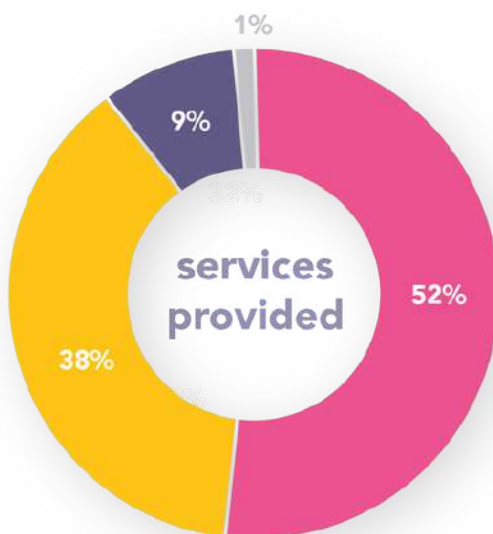
# impact

## services and client demographics

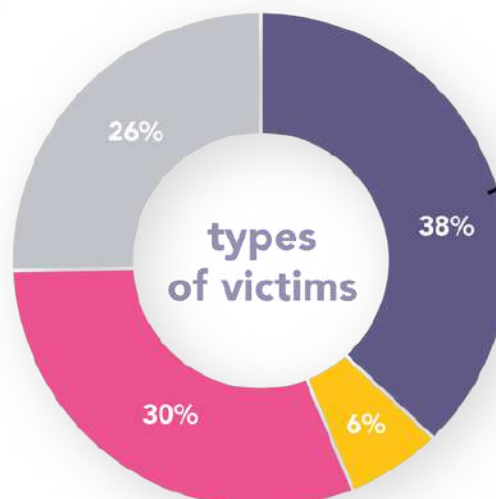
clients by language



English Arabic



Legal referral services  
Therapy referral services  
Emergency food packages sent  
Emergency shelter services provided



Emotional/verbal abuse  
Sexual abuse  
Physical abuse  
Other forms of abuse



# highlights

## app soft launch

### app launch



Inaugurating the app earlier this year marked a significant milestone for us. We've expanded our commitment by introducing 24/7 app support to ensure an unparalleled client experience.



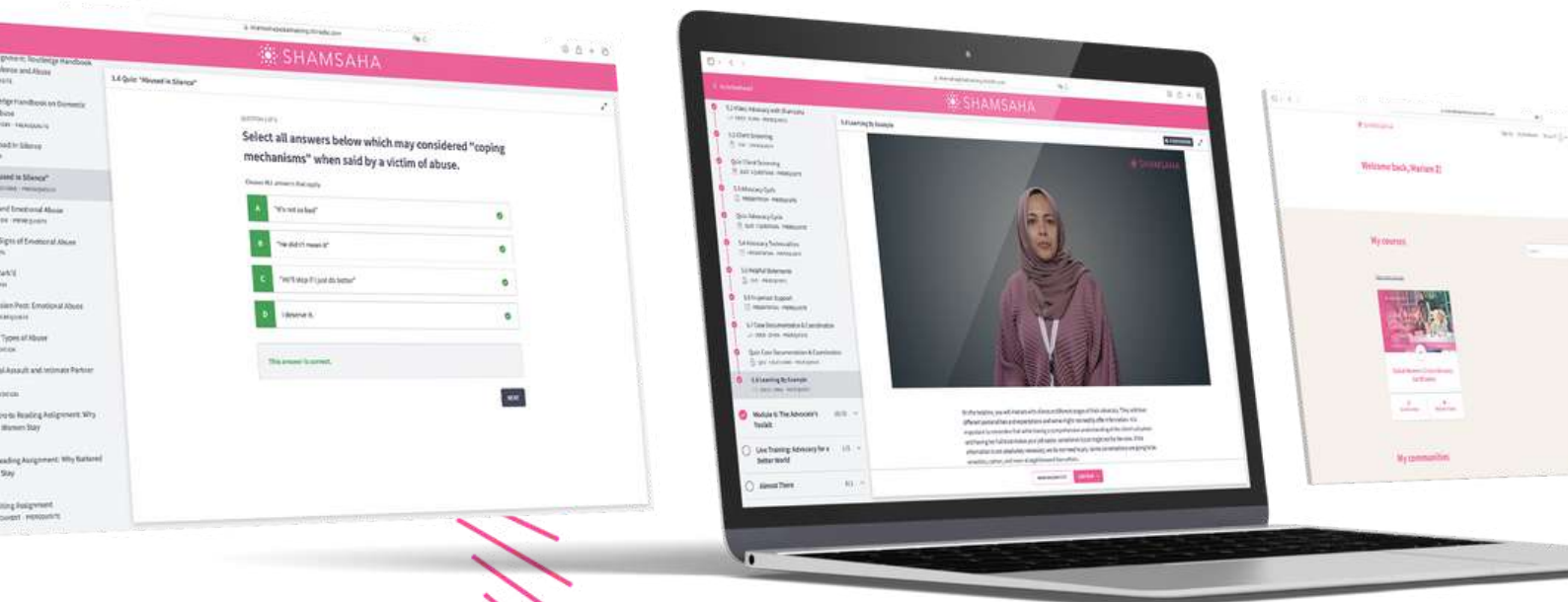
# highlights

## new self-paced training

### recruitment video



Shamsaha's certified women's crisis volunteer training to help and empower victims of gender based violence around the Middle East!



# highlights

## advocacy certification live training

### advocate role-play video



When asked how they felt about their first full day of the training, participants gave the following responses:

"Thank you all for the awesome work. Here is to supporting, helping and empowering as many women as we can 🙌."

-Karima

"Awesome..loved the open feel of a community and support system"

-Sana

"Nervous because I'm new to this but everyone is so friendly so it makes it easier on me!"

-Jouri

"Encouraged to be back on track for volunteering"

-Yuliya





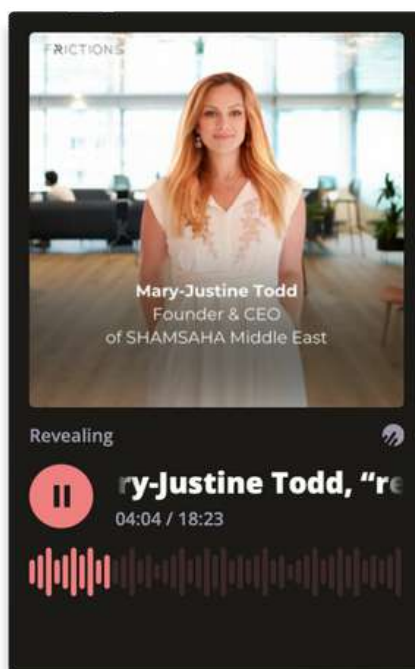
# highlights

## signature gatherings and media highlights

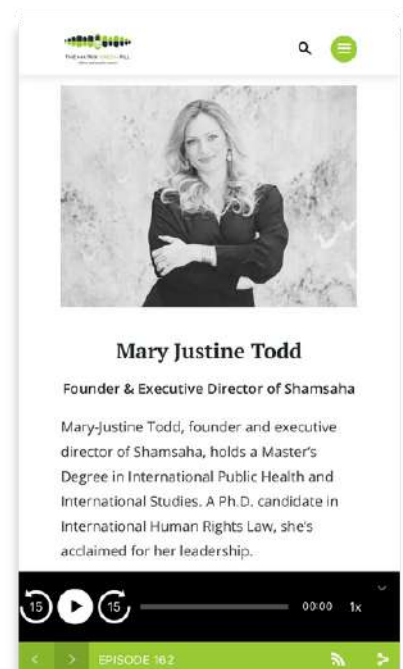
psa



arab news article



frictions revealing podcast



the matrix green pill podcast



# highlights

## annual ghabga



Dr.Zimma, Mary-Justine Todd, Munira AlShaikh, Tessa O'Neil, Bushra Gaya



Dr. Mukhtar, Mary-Justine Todd, H.E. Jamal Fakhroo, Amal Almoayyed, Kalyan Subramanian



Mary-Justine Todd, Amal Almoayyed



Mary-Justine Todd, Alex Craine



Fatima Al Haddad, Nawshaba Rahman, Huda AlMohammed



Shamsaha volunteers group photo

# our partners

L'ORÉAL  
FUND FOR WOMEN



Bahrain Rugby Football Club

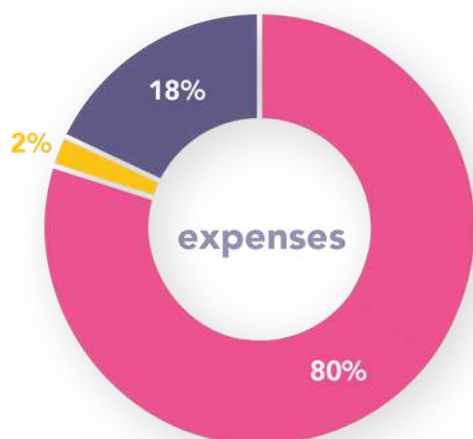




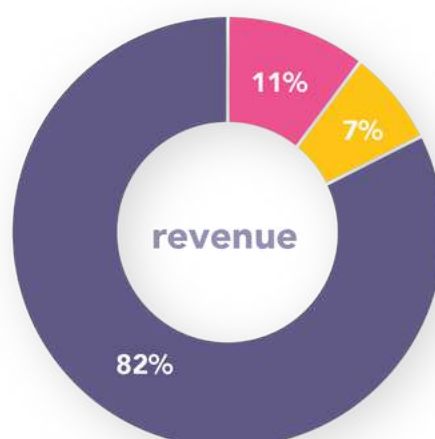
# annual budget

|                                | total (BHD)           | total (USD)          |
|--------------------------------|-----------------------|----------------------|
| <b>revenue</b>                 |                       |                      |
| Sponsorships                   | 16,701.09             | 44,313.32            |
| Non-profit revenue             | 10,887.59             | 28,888.25            |
| Public grant income            | 129,938.73            | 344,768.90           |
| <b>total revenue</b>           | <b>BHD 157,527.41</b> | <b>\$ 417,970.47</b> |
| <b>Expenditures</b>            |                       |                      |
| Crisis advocacy expense        | 47,870.46             | 12,7015.60           |
| Casework expense               | 23,970.66             | 63,601.81            |
| Outreach and education expense | 30,659.34             | 81,349.01            |
| Regional expansion project     | 6,888.16              | 18,276.49            |
| Fundraising expenses           | 3,208.57              | 8,513.36             |
| General administrative expense | 24,532.78             | 65,093.29            |
| <b>Total expenditures</b>      | <b>BHD 137,129.97</b> | <b>\$ 363,849.56</b> |
| <b>net revenue</b>             | <b>BHD 20,397.44</b>  | <b>\$ 54,120.91</b>  |

## expenses vs. revenue



- Program
- Fundraising
- General Administrative



- Sponsorships
- Non-profit revenue
- public grant income



شمسہ SHAMSAHA

amplify your potential





HELEN NELSON CPA  
14612 MAPLE RIDGE  
HANCOCK, MD 21750  
301-500-0556

February 22, 2023

Shamsaha Women's Center Corp.  
4270 North Kinser Pike  
Bloomington, IN 47404

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Helen Nelson

Shamsaha Women's Center Corp.

46-4209472

|   | 2021     | 2020 | Diff     |
|---|----------|------|----------|
| <b>FORM 990-EZ REVENUE</b>                |          |      |          |
| Contributions, gifts, and grants.....     | 152,796  | 0    | 152,796  |
| Program service revenue.....              | 7,020    | 0    | 7,020    |
| Net income (loss) - special events.....   | 2,673    | 0    | 2,673    |
| Total revenue.....                        | 162,489  | 0    | 162,489  |
| <b>EXPENSES</b>                           |          |      |          |
| Salaries and employee benefits.....       | 110,762  | 0    | 110,762  |
| Professional fees/pymt to contractors.... | 34,531   | 0    | 34,531   |
| Occupancy/rent/utilities/maintenance..... | 5,190    | 0    | 5,190    |
| Other expenses.....                       | 119,076  | 0    | 119,076  |
| Total expenses.....                       | 269,559  | 0    | 269,559  |
| <b>NET ASSETS OR FUND BALANCES</b>        |          |      |          |
| Excess or (deficit) for the year.....     | -107,070 | 0    | -107,070 |
| Net assets/fund bal. at beg. of year..... | 279,265  | 0    | 279,265  |
| Net assets/fund bal. at end of year.....  | 172,195  | 0    | 172,195  |

**2021**

**General Information**

**Page 1**

**Shamsaha Women's Center Corp.**

**46-4209472**

**Forms needed for this return**

Federal: 990-EZ, Sch A, Sch B, Sch G, Sch O

**Carryovers to 2022**

None

**Schedule A, Part III, Line 7a**  
**Received From Disqualified Persons**

| Persons                          | 2017  | 2018    | 2019    | 2020        | 2021  |
|----------------------------------|-------|---------|---------|-------------|-------|
| Munira Al Shaikh                 | 0.    | 796.    | 0.      | 0.          | 0.    |
| Amy Morgan                       | 0.    | 0.      | 318.    | 0.          | 0.    |
| Thajba Najeeb                    | 0.    | 0.      | 0.      | 13,038.     | 0.    |
| Yousif & Aysha Almoayyed Charity | 0.    | 0.      | 0.      | 13,250.     | 0.    |
| L'Oreal Groups                   | 0.    | 0.      | 0.      | 343,939.    | 0.    |
| Total                            | \$ 0. | \$ 796. | \$ 318. | \$ 370,227. | \$ 0. |



Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2021, or fiscal year beginning 12/01, 2021, and ending 11/30, 202022**2021**▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

Shamsaha Women's Center Corp.46-4209472

Name and title of officer or person subject to tax

Mary Justine-Todd President**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|  |                                     |   |            |                 |
|--|-------------------------------------|---|------------|-----------------|
| <b>1a</b> Form 990 check here . . . . .      | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | <b>1b</b>  |                 |
| <b>2a</b> Form 990-EZ check here . . . . .   | <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | <b>2b</b>  | <u>162,489.</u> |
| <b>3a</b> Form 1120-POL check here . . . . . | <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b>  |                 |
| <b>4a</b> Form 990-PF check here . . . . .   | <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b>  |                 |
| <b>5a</b> Form 8868 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                                     | <b>5b</b>  |                 |
| <b>6a</b> Form 990-T check here . . . . .    | <input type="checkbox"/>            | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b>  |                 |
| <b>7a</b> Form 4720 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b>  |                 |
| <b>8a</b> Form 5227 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .                 | <b>8b</b>  |                 |
| <b>9a</b> Form 5330 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b>  |                 |
| <b>10a</b> Form 8038-CP check here . . . . . | <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> |                 |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize HELEN NELSON CPA to enter my PIN 36943 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27346717268

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Helen Nelson

Date ▶

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection****A** For the 2021 calendar year, or tax year beginning 12/01, 2021, and ending 11/30, 2022**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C**  
 Shamsaha Women's Center Corp.  
 4270 North Kinser Pike  
 Bloomington, IN 47404

**D** Employer identification number

46-4209472

**E** Telephone number**F** Group Exemption Number**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990).**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 165,844.**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. ☒

|                   |  |  |           |           |
|-------------------|--|--|-----------|-----------|
| <b>Revenue</b>    | <b>1</b>   | Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | 152,796.  |
|                   | <b>2</b>   | Program service revenue including government fees and contracts  | <b>2</b>  | 7,020.    |
|                   | <b>3</b>   | Membership dues and assessments  | <b>3</b>  |           |
|                   | <b>4</b>   | Investment income  | <b>4</b>  |           |
|                   | <b>5a</b>  | Gross amount from sale of assets other than inventory  | <b>5a</b> |           |
|                   | <b>5b</b>  | Less: cost or other basis and sales expenses   | <b>5b</b> |           |
|                   | <b>5c</b>  | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | <b>5c</b> |           |
|                   | <b>6</b>   | Gaming and fundraising events:   |           |           |
|                   | <b>6a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |           |
|                   | <b>6b</b>  | Gross income from fundraising events (not including \$ 11,340. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> | 6,028.    |
| <b>6c</b>         | Less: direct expenses from gaming and fundraising events   | <b>6c</b>  | 3,355.    |           |
| <b>6d</b>         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>  | 2,673.    |           |
| <b>7a</b>         | Gross sales of inventory, less returns and allowances  | <b>7a</b>  |           |           |
| <b>7b</b>         | Less: cost of goods sold   | <b>7b</b>  |           |           |
| <b>7c</b>         | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)                     | <b>7c</b>  |           |           |
| <b>8</b>          | Other revenue (describe in Schedule O)   | <b>8</b>   |           |           |
| <b>9</b>          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | <b>9</b>   | 162,489.  |           |
| <b>Expenses</b>   | <b>10</b>  | Grants and similar amounts paid (list in Schedule O)   | <b>10</b> |           |
|                   | <b>11</b>  | Benefits paid to or for members  | <b>11</b> |           |
|                   | <b>12</b>  | Salaries, other compensation, and employee benefits  | <b>12</b> | 110,762.  |
|                   | <b>13</b>  | Professional fees and other payments to independent contractors  | <b>13</b> | 34,531.   |
|                   | <b>14</b>  | Occupancy, rent, utilities, and maintenance  | <b>14</b> | 5,190.    |
|                   | <b>15</b>  | Printing, publications, postage, and shipping  | <b>15</b> |           |
|                   | <b>16</b>  | Other expenses (describe in Schedule O) See Schedule O   | <b>16</b> | 119,076.  |
|                   | <b>17</b>  | <b>Total expenses.</b> Add lines 10 through 16   | <b>17</b> | 269,559.  |
| <b>Net Assets</b> | <b>18</b>  | Excess or (deficit) for the year (subtract line 17 from line 9)  | <b>18</b> | -107,070. |
|                   | <b>19</b>  | 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)   | <b>19</b> | 279,265.  |
|                   | <b>20</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> |           |
|                   | <b>21</b>  | Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 172,195.  |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

**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    |
|---|-----------------------|--------------------|
| <b>22</b> Cash, savings, and investments  | 267,038.              | <b>22</b> 160,334. |
| <b>23</b> Land and buildings  |                       | <b>23</b>          |
| <b>24</b> Other assets (describe in Schedule O) See Schedule O                        | 12,227.               | <b>24</b> 11,861.  |
| <b>25</b> Total assets  | 279,265.              | <b>25</b> 172,195. |
| <b>26</b> Total liabilities (describe in Schedule O)                                  | 0.                    | <b>26</b> 0.       |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 279,265.              | <b>27</b> 172,195. |

**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? See Schedule O

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; optional for others.)

|  |             |          |
|--|-------------|----------|
| <b>28</b> Outreach - Provide community education through workshops & trainings, and promote awareness on violence against women in an area where violence is stigmatized and victims are blamed.<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28 a</b> | 67,484.  |
| <b>29</b> Adovocacy - Provide 24/7 English and Arabic crisis advocacy support for victims of gender based violence for all Bahrani women free of charge.<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29 a</b> | 60,486.  |
| <b>30</b> See Schedule O<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>30 a</b> | 55,500.  |
| <b>31</b> Other program services (describe in Schedule O) See Schedule O<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31 a</b> | 40,894.  |
| <b>32</b> Total program service expenses (add lines 28a through 31a)   | <b>32</b>   | 224,364. |

**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-MIS/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------------------|--|--|---|--|
| Mary Justine-Todd<br>President    | 45   | 0.   | 0.  | 0.   |
| Kristen Lenau<br>Vice President   | 5  | 0.   | 0.  | 0.   |
| Munira Al Shaikh<br>President     | 5  | 0.   | 0.  | 0.   |
| Amal AlMoayyed<br>Director        | 0  | 0.   | 0.  | 0.   |
| Eman Nooruddin<br>Director        | 0  | 0.   | 0.  | 0.   |
| Angella Clark-Jervois<br>Director | 0  | 0.   | 0.  | 0.   |
| Lubna Fakhro<br>Director          | 0  | 0.   | 0.  | 0.   |
| Tessa O'Neil<br>Director          | 0  | 0.   | 0.  | 0.   |
| Dr. Aseel Zimmo<br>Director       | 0  | 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. ☐ See Sch O

|  | Yes           | No |
|--|---------------|----|
| <b>33</b> 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. ....  | <b>33</b>     | X  |
| <b>34</b> 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. Otherwise, explain the change on Schedule O. See instructions. ....  | <b>34</b>     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? .....  | <b>35a</b>    | X  |
| <b>b</b> If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. ....   | <b>35b</b>    |    |
| <b>c</b> 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? If 'Yes,' complete Schedule C, Part III. ....  | <b>35c</b>    | X  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. ....  | <b>36</b>     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.   |               |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....   | <b>37b</b>    | X  |
| <b>38a</b> 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? .....   | <b>38a</b>    | X  |
| <b>b</b> If 'Yes,' complete Schedule L, Part II, and enter the total amount involved. ....   | <b>38b</b> 0. |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:  |               |    |
| <b>a</b> Initiation fees and capital contributions included on line 9. ....  | <b>39a</b> 0. |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities. ....   | <b>39b</b> 0. |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.   |               |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If 'Yes,' complete Schedule L, Part I. .... | <b>40b</b>    | X  |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ 0.   |               |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. .... ▶ 0.   |               |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. ....  | <b>40e</b>    | X  |
| <b>41</b> List the states with which a copy of this return is filed ▶ <u>None</u>  |               |    |

**42a** The organization's books are in care of ▶ Mary-Justine Todd Telephone no. ▶ 812 345-6562  
 Located at ▶ 4270 North Kinser Pike Bloomington IN ZIP + 4 ▶ 47404

|   | Yes          | No |
|---|--------------|----|
| <b>b</b> 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)? ..... | <b>42b</b> X |    |
| If 'Yes,' enter the name of the foreign country ▶ <u>Bahrain</u>  |              |    |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |              |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? .....   | <b>42c</b> X |    |
| If 'Yes,' enter the name of the foreign country ▶ <u>Bahrain</u>  |              |    |

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **43** N/A

|  | Yes        | No |
|--|------------|----|
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....  | <b>44a</b> | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....   | <b>44b</b> | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....  | <b>44c</b> | X  |
| <b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. ....   | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | <b>45a</b> | X  |
| <b>b</b> 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. .... | <b>45b</b> | X  |



**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 |
|-----------|-----|----|
| <b>46</b> |     | X  |

**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 |
|-----------|-----|----|
| <b>47</b> |     | X  |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. ....

|           |  |   |
|-----------|--|---|
| <b>48</b> |  | X |
|-----------|--|---|

**49 a** Did the organization make any transfers to an exempt non-charitable related organization? .....

|             |  |   |
|-------------|--|---|
| <b>49 a</b> |  | X |
|-------------|--|---|

**b** If 'Yes,' was the related organization a section 527 organization? .....

|             |  |  |
|-------------|--|--|
| <b>49 b</b> |  |  |
|-------------|--|--|

**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/1099-NEC) | (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 ..... ▶

**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 ..... ▶

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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.

|                               |  |                      |           |  |                         |
|-------------------------------|--|----------------------|-----------|--|-------------------------|
| <b>Sign Here</b>              | Signature of officer                                 |                      | Date      |  |                         |
|                               | Mary Justine-Todd                                    |                      | President |  |                         |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                           | Preparer's signature | Date      | Check <input checked="" type="checkbox"/> if self-employed | PTIN                    |
|                               | Helen Nelson   | Helen Nelson         |           |  | P01343112               |
|                               | Firm's name ▶ HELEN NELSON CPA                       |                      |           |  | Firm's EIN ▶ 52-1680924 |
|                               | Firm's address ▶ 14612 MAPLE RIDGE HANCOCK, MD 21750 |                      |           |  | Phone no. 301-500-0556  |

May the IRS discuss this return with the preparer shown above? See instructions ..... ▶ ☒ Yes ☐ No

BAA

Form 990-EZ (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Shamsaha Women's Center Corp.

Employer identification number

46-4209472

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | % |
| <b>16a 33-1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>  |           |   |
| <b>b 33-1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |   |
| <b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>     |           |   |
| <b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |           |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  | 57,289.  | 121,805. | 167,666. | 463,507. | 152,796. | 963,063.   |
| <b>2</b> 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. . . . . |          | 3,913.   | 17,437.  | 10,684.  | 7,020.   | 39,054.    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          | 0.         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          | 0.         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          | 0.         |
| <b>6 Total.</b> Add lines 1 through 5. . . . .   | 57,289.  | 125,718. | 185,103. | 474,191. | 159,816. | 1,002,117. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .  | 0.       | 796.     | 318.     | 370,227. | 0.       | 371,341.   |
| <b>b</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. . . . .           | 0.       | 0.       | 0.       | 0.       | 0.       | 0.         |
| <b>c</b> Add lines 7a and 7b. . . . .  | 0.       | 796.     | 318.     | 370,227. | 0.       | 371,341.   |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          | 630,776.   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| <b>9</b> Amounts from line 6. . . . .   | 57,289.  | 125,718. | 185,103. | 474,191. | 159,816. | 1,002,117. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          | 0.         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                           |          |          |          |          |          | 0.         |
| <b>c</b> Add lines 10a and 10b. . . . .   | 0.       | 0.       | 0.       | 0.       | 0.       | 0.         |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          | 0.         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>See Part VI</b> . . . . .              | -1,576.  | -5,228.  | 8,742.   |          | 2,673.   | 4,611.     |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 55,713.  | 120,490. | 193,845. | 474,191. | 162,489. | 1,006,728. |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). . . . . | <b>15</b> | 62.66 % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | 59.06 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | 0.00 % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17. . . . .                         | <b>18</b> | 0.00 % |

**19a 33-1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶ ☒

**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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.   |     |    |
| <b>2</b> 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).  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.   |     |    |
| <b>b</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.  |     |    |
| <b>c</b> 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.   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   |     |    |
| <b>b</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.   |     |    |
| <b>c</b> 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.  |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| <b>7</b> 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).  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).  |     |    |
| <b>9a</b> 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> .   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| <b>c</b> Did a disqualified person (as defined on 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> .   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.  |     |    |
| <b>b</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.)   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on line 11a above?  | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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 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? | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |           |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |           | Yes | No |
| <b>a</b> 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 <b>Part VI</b> 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>2a</b> |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI</b> .   | <b>3a</b> |     |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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                               | <b>Adjusted Net Income</b> (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                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C – Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

BAA

Schedule A (Form 990) 2021

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

|    |  | Current Year |
|----|--|--------------|
| 1  | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2            |
| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4  | Amounts paid to acquire exempt-use assets  | 4            |
| 5  | Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )   | 5            |
| 6  | Other distributions (describe in <b>Part VI</b> ). See instructions.   | 6            |
| 7  | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9  | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10 | Line 8 amount divided by line 9 amount   | 10           |

**Section E – Distribution Allocations (see instructions)**

|   | (i)<br>Excess<br>Distributions  | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.   |  |   |
| 3 | Excess distributions carryover, if any, to 2021   |  |   |
| a | From 2016 .....   |  |   |
| b | From 2017 .....   |  |   |
| c | From 2018 .....   |  |   |
| d | From 2019 .....   |  |   |
| e | From 2020 .....   |  |   |
| f | <b>Total</b> of lines 3a through 3e   |  |   |
| g | Applied to underdistributions of prior years  |  |   |
| h | Applied to 2021 distributable amount  |  |   |
| i | Carryover from 2016 not applied (see instructions)  |  |   |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4 | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a | Applied to underdistributions of prior years  |  |   |
| b | Applied to 2021 distributable amount  |  |   |
| c | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |  |   |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |  |   |
| 7 | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8 | Breakdown of line 7:  |  |   |
| a | Excess from 2017 .....  |  |   |
| b | Excess from 2018 .....  |  |   |
| c | Excess from 2019 .....  |  |   |
| d | Excess from 2020 .....  |  |   |
| e | Excess from 2021 .....  |  |   |

BAA

Schedule A (Form 990) 2021

**Part VI**

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

**Part III, Line 12 - Other Income**

| <u>Nature and Source</u> | <u>2021</u>      | <u>2020</u>  | <u>2019</u>      | <u>2018</u>       | <u>2017</u>       |
|--------------------------|------------------|--------------|------------------|-------------------|-------------------|
| fundraising income       | \$ 2,673.        |              | \$ 8,742.        | \$ -5,228.        | \$ -1,576.        |
| Total                    | <u>\$ 2,673.</u> | <u>\$ 0.</u> | <u>\$ 8,742.</u> | <u>\$ -5,228.</u> | <u>\$ -1,576.</u> |

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

Shamsaha Women's Center Corp.

Employer identification number

46-4209472

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Shamsaha Women's Center Corp.

Employer identification number

46-4209472

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | Greenbaum Foundation<br>8424 Santa Monica Blvd A-806<br>North Hollywood, CA 90069           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | US-Middle East Partnership<br>US Embassy Kuwait City<br>Kuwait City, Safat 13001 Kuwait     | \$ 64,946.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | United Nations Population Fund<br>House 376 Way 4627<br>North Al-Athaibah, Muscat 4627 Oman | \$ 49,688.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |





Name of organization

Shamsaha Women's Center Corp.

Employer identification number

46-4209472

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ **N/A**  
 Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
|                           | N/A                                     |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Shamsaha Women's Center Corp.

Employer identification number

46-4209472

**Part I**

**Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**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.

|                 |   | (a) Event #1                   | (b) Event #2 | (c) Other events       | (d) Total events                       |
|-----------------|---|--------------------------------|--------------|------------------------|--|
|                 |   | Fundraising Ev<br>(event type) | (event type) | None<br>(total number) | (add column (a)<br>through column (c)) |
| Revenue         | 1 Gross receipts .....  | 17,368.                        |              |                        | 17,368.                                |
|                 | 2 Less: Contributions .....   | 11,340.                        |              |                        | 11,340.                                |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 6,028.                         |              |                        | 6,028.                                 |
| Direct Expenses | 4 Cash prizes .....   |                                |              |                        |  |
|                 | 5 Noncash prizes .....  |                                |              |                        |  |
|                 | 6 Rent/facility costs .....   |                                |              |                        |  |
|                 | 7 Food and beverages .....  |                                |              |                        |  |
|                 | 8 Entertainment .....   |                                |              |                        |  |
|                 | 9 Other direct expenses .....   | 3,355.                         |              |                        | 3,355.                                 |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                |              |                        | 3,355.                                 |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                |              |                        | 2,673.                                 |

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

|                 |  | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive<br>bingo      | (c) Other gaming   | (d) Total gaming<br>(add column (a)<br>through column (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 conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |             |   |
|--------------------------------------|-------------|---|
| <b>a</b> The organization's facility | <b>13 a</b> | % |
| <b>b</b> An outside facility         | <b>13 b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Shamsaha Women's Center Corp.

Employer identification number

46-4209472

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

|                                |    |                 |
|--------------------------------|----|-----------------|
| Advertising and Promotion..... | \$ | 5,916.          |
| Client Expenses.....           |    | 14,538.         |
| Depreciation.....              |    | 1,012.          |
| empowerment program.....       |    | 6,227.          |
| events, meetings.....          |    | 40,541.         |
| govt fees-visas,labor.....     |    | 14,533.         |
| mobile application.....        |    | 11,112.         |
| Office Expenses.....           |    | 3,807.          |
| Supplies, Equipment.....       |    | 3,042.          |
| Travel.....                    |    | 15,980.         |
| volunteer expenses.....        |    | 2,368.          |
| Total                          | \$ | <u>119,076.</u> |

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

|                        | <u>Beginning</u>  | <u>Ending</u>     |
|------------------------|-------------------|-------------------|
| fixed assets, net..... | \$ 12,227.        | \$ 11,861.        |
| Total                  | <u>\$ 12,227.</u> | <u>\$ 11,861.</u> |

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

WCCI is the only women's crisis advocacy program operating in the entire Middle East and North African region. WCCI has three primary mandates: 1 Provide 24/7 English and Arabic crisis advocacy support for victims of gender based violence 2 Provide long term case work care and referral services for survivors 3 Provide community education and awareness on violence against women throughout the Kingdom of Bahrain and the MENA region.

**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

Regional Expansion - As part of LOréal's ongoing efforts and commitment to support women's rights, LOréal Fund for Women announced its partnership with Shamsaha to support its mission in protecting, advocating and empowering women in Bahrain and across the GCC. Shamsaha will utilize the funds over a two year period to expand the crisis advocacy program to the KSA, UAE, Kuwait, and Oman. The expansion plan will include forging partnerships with key resource providers to offer victims medical, therapeutic, and legal support as well as food, supplies and

Name of the organization

Employer identification number

Shamsaha Women's Center Corp.

46-4209472

**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

transportation in addition to immediate crisis advocacy.

**Form 990-EZ, Part III, Line 31  
Statement of Program Service Accomplishments**

| Description  | Grants | Program<br>Service<br>Expenses |
|--|--------|--------------------------------|
| Casework - Provide long-term case work care and referral services for victims who need a higher level of care, including therapy, legal support, job search, clothing, food, and medical services. |        | 40,894.                        |
| Includes Foreign Grants: No  |        |                                |
| Total  | \$ 0.  | \$ 40,894.                     |

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No