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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning 2009, and ending 20

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization Good Samaritan Thrift Store, Inc</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 8491 Hwy 19E</p> <p>City or town, state or country, and ZIP + 4 Roan Mountain, TN 37687</p>	<p><b>D</b> Employer identification number 32-0107542</p> <p><b>E</b> Telephone number 423-772-4411</p> <p><b>F</b> Group Exemption Number <u>DLN 17053179009005</u></p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶

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

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

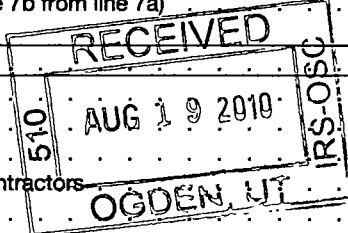
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 70219.96

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

	1 Contributions, gifts, grants, and similar amounts received . . . . .		1	5462.16
	2 Program service revenue including government fees and contracts . . . . .		2	
	3 Membership dues and assessments . . . . .		3	
	4 Investment income . . . . .		4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a		
	b Less: cost or other basis and sales expenses . . . . .	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a		
	b Less: direct expenses other than fundraising expenses . . . . .	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .		6c	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a		
	b Less: cost of goods sold . . . . .	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		7c	64757.80
	8 Other revenue (describe ▶ _____) . . . . .		8	
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .		9	79219.96
	10 Grants and similar amounts paid (attach schedule) . . . . .		10	5932.80
	11 Benefits paid to or for members . . . . .		11	
	12 Salaries, other compensation, and employee benefits . . . . .		12	37859.74
	13 Professional fees and other payments to independent contractors . . . . .		13	510
	14 Occupancy, rent, utilities, and maintenance . . . . .		14	13731.75
	15 Printing, publications, postage, and shipping . . . . .		15	
	16 Other expenses (describe ▶ SEE ATTACHED PROFIT & LOSS STATEMENT) . . . . .		16	11359.85
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .		17	69394.14
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	825.82
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .		19	-14809.41
	20 Other changes in net assets or fund balances (attach explanation) . . . . .		20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .		21	-13157.77

Revenue  
Expenses  
Net Assets



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .	-14809.41	22	
23 Land and buildings . . . . .		23	
24 Other assets (describe ▶ _____) . . . . .		24	
25 <b>Total assets</b> . . . . .	-14809.41	25	-13157.77
26 <b>Total liabilities</b> (describe ▶ _____) . . . . .		26	
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	-14809.41	27	-13157.77

69 10



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		✓
<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>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<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 period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<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>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
<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)? . . . . .	Yes	No
<b>42b</b>			✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ NONE		✓
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
<b>44</b>			✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

46	Yes	No
47		✓
48		✓
49a		✓
49b		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

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: <u>Kay Hogan</u>	Date: <u>8/9/10</u>	
	Type or print name and title: <u>Kay Hogan, Administrator</u>	Date: <u>8/9/10</u>	

<b>Paid Preparer's Use Only</b>	Preparer's signature: ▶ _____	Date: _____	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (See instructions): _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: ▶ _____	EIN: ▶ _____	Phone no: ▶ _____	

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



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.) . . . . .						
<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 five 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 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</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—2008.</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—2009.</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 IV 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—2008.</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 IV 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			3400	5512	5462.16	14464.16
<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 . . . . .	57142.13	57627.22	61817.52	63739.71	64757.30	305984.38
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	57142.13	57627.22	65307.52	69251.71	70219.96	319548.54
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						319548.54

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	57142.13	57627.22	65307.52	69251.71	70219.96	319548.54
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						319548.54

**14 First five 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 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100 %

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0 %

**19a 33 1/3 % support tests—2009.** 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—2008.** 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 ▶



Line 16 attachment to 990EZ Form 32-0107542

12:33 PM

### Good Samaritan Thrift Store

### Profit & Loss

January through December 2009

06/28/10

Accrual Basis

Jan - Dec 09

#### Ordinary Income/Expense

Income	
Credit	306 63
Deposit from store sales	63,663 16
Donation	227 16
" " " "	100 00
" " " "	50 00
" " " "	600 00
" " " "	105 00
-----	
Donation From Sponsor	75 00
" " " "	500 00
" " " "	30 00
" " " "	3,600 00
" " " "	150 00
" " " "	25 00
-----	
<b>Total Income</b>	<b>69,431 95</b>

~~+ 788.01 = 64,451.17~~

\* + 788.01 = 70,219.96

#### Expense

Auto	
Insurance	130.76
Total Auto	130 76
Bad Debt	3 06
Bank Charge	45 62
Business expenses	1,722 00
Charity	5,932 80
Fuel For Store	260 00
Legal-Prof Fees	20 00
Misc	1,534 13
Payroll Expenses	37,859 74
Reimbursement	86 47
Rent	10,980 00
snow removal	30 00
Store Supplies	405 66
store supply warehouse	64.44
Supplies, Bus	65.02
Tennessee Dept. of Revenue	5,707 00
Utilities	
Gas & Electric	1,479 00
Telephone	982 75
Total Utilities	2,461.75
Wages	
Contract Labor	510 00
Total Wages	510 00
Waste Management	
trash pick-up	531 16
Waste Management - Other	256 52
Total Waste Management	787 68
-----	
<b>Total Expense</b>	<b>68,606 13</b>
-----	
<b>Net Ordinary Income</b>	<b>825 82</b>
-----	
<b>Net Income</b>	<b>825.82</b>

\* + 788.01 = 69,394.14

**GOOD SAMARITAN THRIFT STORE, INC**  
**8491 HWY 19E**  
**ROAN MOUNTAIN, TENNESSEE 37687**

990 E-2 EIN # 32-0107542

**THE FOLLOWING INFORMATION IS AN ATTACHED SCHEDULE FOR LINE #10:**

**THE MONTH OF JANUARY 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$121.94</b>
<b>Church Ministries</b>	<b>80.00</b>
<b>1-1-09 Paid on Electric Bill for family in need</b>	<b>\$50.00</b>
<b>1-16-09 Helped family in Need of Kerosene</b>	<b>\$25.00</b>
<b>1-17-09 Helped family in need</b>	<b>\$25.00</b>

**THE MONTH OF FEBRUARY 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$167.14</b>
<b>2-24-09 Helped family on Electric Bill</b>	<b>\$50.00</b>
<b>2-26-09 Helped family in Need of Kerosene</b>	<b>\$25.00</b>

**THE MONTH OF MARCH 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$149.05</b>
<b>Church Ministries</b>	<b>114.00</b>
<b>3-12-09 Helped family on Electric Bill</b>	<b>\$75.00</b>
<b>Helped family on Electric Bill</b>	<b>\$50.00</b>
<b>3-20-09 Helped family in need</b>	<b>\$25.00</b>

**THE MONTH OF APRIL 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$156.40</b>
<b>Church Ministries</b>	<b>115.00</b>
<b>4-3-09 Helped elderly lady get prescription glasses</b>	<b>\$100.00</b>
<b>4-8-09 Pay to Wal-Mart (Easter Baskets for Needy Children)</b>	<b>\$62.56</b>
<b>4-10-09 Helped family on Electric Bill</b>	<b>\$75.00</b>
<b>4-14-09 Helped Couple on Water Hook-Up</b>	<b>\$50.00</b>

**THE MONTH OF MAY 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$109.36</b>
<b>Church Ministries</b>	<b>100.00</b>
<b>5-9-09 Helped family on Electric Bill</b>	<b>\$100.00</b>
<b>5-9-09 Donated money to Cloudland Teachers</b>	<b>\$5.00</b>

5-8-09 Helped Lady on Electric Bill	\$25.00
5-27-09 Helped family on Electric Bill	\$60.00

**THE MONTH OF JUNE 2009:**

SECOND HARVEST (GROCERIES FOR FOOD PANTRY)	\$149.09
Church Ministries	100.00
6-5-09 Helped family on Electric Bill	\$60.00
6-5-09 Helped family on Electric Bill	\$45.19
6-10-09 Paid to Wal-Mart (Food Pantry)	\$83.80
6-19-09 Helped family on Electric Bill	\$65.49
6-23-09 Helped couple on Electric Bill	\$75.00

**THE MONTH OF JULY 2009:**

SECOND HARVEST (GROCERIES FOR FOOD PANTRY)	\$118.84
Church Ministries	100.00
7-13-09 Paid to Wal-Mart for School Supplies	\$65.51
7-13-09 Helped family on Rent	\$50.00

**THE MONTH OF AUGUST 2009:**

8-5-09 Helped family on rent	\$50.00
8-5-09 Backpacks for school children in need	\$63.00
8-10-09 Helped Elderly Lady	\$100.00
8-13-09 Paid to Wal-Mart (Food Pantry)	\$101.87
8-29-09 Donated money for Barnard Benefit	\$100.00
SECOND HARVEST (GROCERIES FOR FOOD PANTRY)	\$150.00
Church Ministries	112.00
8-24-09 Helped family on Electric Bill	\$50.00

**THE MONTH OF SEPTEMBER 2009:**

SECOND HARVEST (GROCERIES FOR FOOD PANTRY)	\$125.96
Church Ministries	105.00
9-01-09 Paid to Wal-Mart (Food Pantry)	\$83.11
9-8-09 Helped family on Electric Bill	\$85.00
9-25-09 Helped family on Electric Bill	\$50.00

**THE MONTH OF OCTOBER 2009:**

SECOND HARVEST (GROCERIES FOR FOOD PANTRY)	\$131.78
Church Ministries	120.00
10-10-09 Helped family on Rent	\$75.00
10-23-09 Helped family on Electric Bill	\$87.00
10-23-09 Helped family on Electric Bill	\$100.00

**THE MONTH OF NOVEMBER 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$91.48</b>
<b>Church Ministries</b>	<b>145.00</b>
<b>11-5-09 Helped family on Electric Bill</b>	<b>\$75.31</b>
<b>11-15-09 (Food Pantry)</b>	<b>\$54.13</b>
<b>11-11-09 Helped family on Electric Bill</b>	<b>\$100.00</b>
<b>11-14-09 Donated money for Barnard Tragedy Benefit</b>	<b>\$100.00</b>
<b>HELPED FAMILY ON ELECTRIC BILL</b>	<b>78.00</b>

**THE MONTH OF DECEMBER 2009:**

<b>SECOND HARVEST (GROCERIES FOR FOOD PANTRY)</b>	<b>\$80.63</b>
<b>Church Ministries</b>	<b>140.00</b>
<b>12-7-09 Paid to Wal-Mart (Gifts for Children in Need)</b>	<b>\$80.84</b>
<b>12-12-09 Paid to Wal-Mart (Toys for Children in Need)</b>	<b>\$155.92</b>
<b>12-17-09 Helped family on Electric Bill</b>	<b>\$76.01</b>
<b>12-21-09 Gifts for children in need</b>	<b>\$50.00</b>
<b>12-21-09 Paid to Wal-Mart (Gifts for Children in Need)</b>	<b>\$51.71</b>
<b>12-23-09 Helped family on Electric Bill</b>	<b>\$78.00</b>
<b>12-23-09 Helped family w/ children</b>	<b>\$75.00</b>
<b>12-23-09 Toys for needy children</b>	<b>\$67.04</b>
<b>12-30-09 Helped family on Electric Bill</b>	<b>\$54.31</b>

990 E-Z Form Attachment  
EIN # 32-0107542  
GOOD SAMARITAN THRIFT STORE  
OUT OF DRAWER CASH SPENT  
2009

January

Cleaning Supplies \$ 25.68

February

No cash out of drawer

March

Cleaning Supplies \$ 14.26  
Food Pantry Items 27.95  
A.C.E. FOR STORE 31.00

April

Cleaning Supplies \$ 33.80  
Food Pantry Items 82.58  
Repairs 36.89  
Wages (Contract Labor) 30.00

May

General Store Supplies \$ 6.50

June

Cleaning Supplies \$ 18.66  
Food Pantry Items 46.92  
General Store Supplies 32.73  
Trash Disposal (at county dumpsters) 12.00

July

Cleaning Supplies	\$ 48.36
Food Pantry Items	65.53
General Store Supplies	24.02
Lunch for Volunteers	21.24
Trash Disposal (at county dumpsters)	12.00

August

Wages	\$ 30.00
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September

Food Pantry Items	\$ 29.36
General Store Supplies	8.78
Repairs	18.20

October

General Store Supplies	\$ 21.15
Repairs	49.97

November

General Store Supplies	\$ 22.43
Repairs	21.36

December

Cleaning Supplies	\$ 6.64
Gas for picking up donations	10.00

**GOOD SAMARITAN THRIFT STORE  
8491 HWY 19E  
ROAN MOUNTAIN, TENNESSEE 37687**

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990-EZ 2009  
PART  
LINE 30 ATTACHMENT

EIN # 32-0107542

**LIST OF NON-MONETARY DONATIONS WE HAVE PROVIDED TO FAMILIES IN NEED:**

**DURING THE MONTH OF JANUARY 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 20 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**JANUARY 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**JANUARY 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO FAMILY IN NEED - CAROL HILL (423)725-9922.**

**DURING THE MONTH OF FEBRUARY 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 33 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**FEBRUARY 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**FEBRUARY 11, 2009, GOOD SAMARITAN THRIFT STORE DONATED THREE CHAIRS TO BRIAN MCMAHAN.**

**FEBRUARY 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO CHRISTINA WARD (423)471-5253.**

**FEBRUARY 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO CANCER PATIENT - SANDY CANNON.**

**DURING THE MONTH OF MARCH 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 27 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**MARCH 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**MARCH 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO FAMILY IN NEED - BILLY AND HEATHER POTTER.**

**MARCH 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO FAMILY IN NEED – KATRINA GUINN.**

**DURING THE MONTH OF APRIL 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 31 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**APRIL 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**APRIL 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO ABBY BENEFIELD (828)733-2576.**

**APRIL 17, 2009, GOOD SAMARITAN THRIFT STORE GAVE GROCERIES TO A FAMILY IN NEED – JILL JONES (423)772-4735.**

**DURING THE MONTH OF MAY 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED ? BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**MAY 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**MAY 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO COUPLE IN NEED – TERRY BAILEY.**

**MAY 2009, GOOD SAMERITAN THRIFT STORE DONATED BLOOD PRESSURE KIT TO ROY HOLTSCRAW.**

**DURING THE MONTH OF JUNE 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 18 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**JUNE 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**JUNE 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO MARY HONEYCUTT (423)542-4126.**

**JUNE 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO KRISTEN HIGGINS.**

**JUNE 27, 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO DEBORAH ALEXANDER.**

**JUNE 29, 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO CHRISTINA BUCHANAN (828)733-9459.**

**DURING THE MONTH OF JULY 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 30 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**JULY 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**JULY 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LINDA RAMOS (828)737-5409.**

**JULY 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO BETTY HURLEY (423)542-6606.**

**JULY 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING AND GROCERIES TO A FAMILY IN NEED - TERRY HOLMES (423)647-1916.**

**JULY 22, 2009, GOOD SAMARITAN THRIFT STORE DONATED A QUEEN SIZE MATTRESS TO BRENDA WILLIAMS (423) 542-3715.**

**JULY 29, 2009, GOOD SAMARITAN THRIFT STORE GAVE GROCERIES TO A FAMILY IN NEED - TERRY HOLMES (423) 772-0026.**

**DURING THE MONTH OF AUGUST 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 26 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**AUGUST 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**AUGUST 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO MARY WHITEHEAD (423)772-3138.**

**AUGUST 11, 2009, GOOD SAMARITAN THRIFT STORE DONATED A RECLINER, LOVE SEAT, AND A TABLE TO LORIE HORNBuckle (423) 772-3217.**

**AUGUST 31, 2009, GOOD SAMARITAN THRIFT STORE GAVE GROCERIES TO A FAMILY IN NEED - WALLOW HARRIS 725-4134.**

**DURING THE MONTH OF SEPTEMBER 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 21 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**SEPTEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**SEPTEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO CARLA CHAMBERS (423)957-5042.**

**SEPTEMBER 2, 2009, GOOD SAMARITAN THRIFT STORE DONATED A DINING ROOM TABLE TO BETTY JO DANIELS.**

**SEPTEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO TERRY BAILEY.**

**DURING THE MONTH OF OCTOBER 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 25 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**OCTOBER 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**OCTOBER 1, 2009, GOOD SAMARITAN THRIFT STORE DONATED CLOTHING TO A FAMILY IN NEED - TAMMY POTTER (957)1284.**

**OCTOBER 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO FAMILY IN NEED.**

**DURING THE MONTH OF NOVEMBER 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 28 BOXES OF GROCERIES.**

**NOVEMBER 2009, GOOD SAMARITAN THRIFT STORE GAVE OUT 37 TURKEYS AND THANKSGIVING BOXES TO LOW INCOME FAMILIES.**

**NOVEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**NOVEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO A FAMILY IN NEED - WILLIAM HEETER, OF HAMPTON, TN.**

**NOVEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO ROBERT HORNHUCKLE.**

**DURING THE MONTH OF DECEMBER 2009, GOOD SAMARITAN THRIFT STORE DISTRIBUTED 61 BOXES OF GROCERIES TO LOW INCOME FAMILIES.**

**DECEMBER 2009, GOOD SAMARITAN THRIFT STORE DONATED ITEMS TO LOCAL NURSING HOME.**

**DECEMBER 31, 2009, GOOD SAMARITAN THRIFT STORE DONATED GROCERIES TO TERRY BAILEY.**

**Good Samaritan Thrift Store** opened its doors to the public on **March 1, 2004**. One of the main objectives in opening the store has been and continues to be assisting those in need. As Funds become available via our sales and monetary donations, we will strive to:

- \* Assist the elderly who are in unfortunate circumstances.
- \* Sponsor Youth who are in need.
- \* Reach out to others in emergency situations.
- \* Additionally, we provide clothing, household items, and other in-store merchandise to those who are unable to pay.

How You can assist us:  
**PRAY** for us daily. The Board of Directors desire your prayers as we try to help the ones who need it most. Also, we ask that you pray for requests that are placed in the store prayer box. God knows each one and their need.

**SPONSOR** this ministry. We are a non-profit organization with a 501(c)3 status, so your contribution is tax-deductible.

The administrator or a director from our board will gladly meet with you and explain our missions.

**DONATE ITEMS** such as

**GOOD** used clothing, household items and furniture...and now that we have established a food pantry, any non-perishable food items and cleaning supplies are desired, as well.

**DONATE YOUR TIME.** Volunteers are always needed at the thrift store! There are several areas that need attention, so it is likely that you will enjoy helping in one or more capacity.

**REMEMBER**, this is a joint community effort that is successful only if we all work together.

The thrift store is located in **Roan Mountain, TN** Between **Mountain Electric Coop and Volunteer Floor Covering**

Store Hours:

Monday thru Saturday  
10:00 am - 5:30 p.m.

Assistance is provided during These hours, but the need must first be confirmed thru a church, agency, or reliable business.

Good Samaritan Thrift Store  
8491 Hwy 19E  
Roan Mountain, TN 37687

(423) 772-4411

Or

(828) 733-2197

An Outreach Ministry In the Area  
For such a time as this!