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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year,	or tax year beginning	, 2009	, and endin	g		,		
В	Check if a	pplicable		С				D Employe	r Identificat	on Number	
_		ess change	Please use IRS label	SAMARITAN MINISTRIES	TNTERNATION	AL.		37-1	295603	L	
	\vdash	•	or print	P.O. BOX 213	2.1.2.22.4.1.			E Telephor		-	
		e change	or type See	WASHINGTON, IL 61571						-2426	
	Initia	il return	specific Instruc-					1-8/	7-764	-2420	
	Term	nnation	tions								
	Ame	nded return						G Gross re	ceipts \$	5,489,	
	Appl	ication pending	F Name a	and address of principal officer			H(a) Is this	a group return	for affiliates	Yes Yes	X No
	_		SAME A	AS C ABOVE				affiliates inclu		Yes	No
	Tax-e	xempt statu			4947(a)(1) or	527	IT 'NO.'	attach a list (see instructi	ons) —	
<u>.</u>				RITANMINISTRIES.ORG	13 17 (4)(17 01	<u> </u>	H(c) Croup	exemption nur	nhar Þ		
										domicite IL	
K		f organization	X Corpora	ation Trust Association O	ther L	Year of Format	ion] IVI St	ate of legal	domicile TT	
Pa	rt I	Summa									
	1 B	riefly descri	be the org	ganization's mission or most signi	ificant activities: _S	<u>EE ATTA</u>	<u>CHED</u> D	ESCRIP'	LION _		
ø	_		- -								
ű-	_										
	_						. 				
હ્યું	2 C			if the organization discontinued it		oosed of mo	ore than 2	5% of its a	ssets		
Ō_	3 N	lumber of vo	oting mem	bers of the governing body (Part	VI, line 1a)			L	3		<u>8</u> 3
٥	4 N	lumber of in	dependen	nt voting members of the governing	ng body (Part VI, Im	e 1b)		Ĺ	4		3
څ	5 T	otal number	of emplo	yees (Part V, line 2a)					5		66
녗	6 T	otal number	of volunt	teers (estimate if necessary)					6		40
Ą	7a ⊤	otal gross u	nrelated b	ousiness revenue from Part VIII, o	column (C), line 12				7a		0.
Ö	bΝ	let unrelated	d business	s taxable income from Form 990-	T, line 34				7 b		0.
Rederica MME. DARING & Bara of Applymence							Р	rior Year		Current Ye	ar
Z	8 C	`antributions	and aran	nts (Part VIII, line 1h)				2,366,7	90.	3,002,	
29	9 P			ue (Part VIII, line 2g)				, 999, 5		2,471,	
	10 ir	nogram serv	nome (D	of Voltable Ato (2) upor 3 4 an	nd 7d)		<u> </u>	10,2			525.
7 ₩	10 II	ther revenu	L (Barti)	att // III Column (A), lines 3, 4, an III I, column (A), lines 15, ed, 8c, 9c	10 70)			1,2			069.
	11 C	atal ravanus		nes 8 through 11 (must equal Pai	rt VIII. column (A)	luno 12\	ļ <i>-</i>	377,8		5,481,	
_	12	otal revenue		ries 8 through 11 (mps) equal Fai	rt viii, columiii (A),	11110 12)					
	13 G	irants and s	ımılar amı	outis baid (HattiX, column (A), I	lines 1-3)		ļ	254,9	02.	202,	118.
				members (Part IX, column (A), la							
ø	15 S	salaries, othe	er compe	nsation amployee benefits (Part	IX, column (A), line	s 5-10)	2	2,251,4	86.	2,492,	858.
ıse	16a P	rofessional	fundraisir	nsation employee benefits (Part of tees (Part of tees)	11e)						
Expenses				nses (Part IX, column (D), line 25		30,131.					1
Щ						30,131.	·	,981,9	22	2,638,	1/0
				IX, column (A), lines 11a-11d, 11							
				nes 13-17 (must equal Part IX, co	olumn (A), line 25)		ļ -	1,488,3		5,413,	
	19 R	Revenue less	expense	s Subtract line 18 from line 12	_			-110,4	47.	68,	704.
b 8							Begii	ning of Ye	ear	End of Ye	ar
育	20 T	otal assets	(Part X. li	ine 16)			1	,182,3	43.	1,437,	305.
Ą,		otal liabilitie					1	,299,9	14.	1,476,	924.
Net Assets or Fund Balancos				ances Subtract line 21 from line	20			-117,5		-39	619.
	rt II				20				<u>/ </u>		015.
Г	irt II	 	ure Blog	·			-				
		Under penaltie true, correct, a	es of perjury, and complete	I declare that I have examined this return, in Declaration of preparer (other than officer)	ncluding accompanying sch is based on all information	nedules and sta n of which prepa	tements, and arer has any	to the best of knowledge	my knowled	lge and belief, i	t is
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Sig	jn	1-1-1-1		Unge			<u></u>		1112	$\mathcal{N}_{\mathcal{U}}$	
He	re	Šignature	of officer	<i>y</i> .			Da	ite			
		► TED I	PITTEN	_{GER} V			PRES:	IDENT			
		Type or pr	rint name and	d title							
		1				Date	c	heck if	Prepar	er's identifying i structions)	number
Pa	id				_		se	elf- mployed	(366 "	structions)	
Pre		Preparer's signature	▶ ,	Monas III.	_ CDL	11/10/			∏թոո	876163	
	rer's		F/OT	E TECAD C COMPANY T	O C	11111	/		11.00	0.0103	
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On		employed), address, and	<u>► 133</u>				E		6-3322		
		ZIP + 4	PEK	IN, IL 61554			Р	hone no 🕒	(309)	346-410	6
May	the IR	S discuss th	us return	with the preparer shown above?	(see instructions)			_	[3	Yes	No

F ® rn	<u> brm 990 (2009) SAMARITAN MINISTRIES INTERNATI</u>	ONAL	37-1295601	Page 2
Pa	Part III Statement of Program Service Accomplish	iments		
1	Briefly describe the organization's mission			
	CEE AMMACHED DECCRIDATON			
	0 D. III.	a division the ways which was not helad on t		
2	2 Did the organization undertake any significant program service	es during the year which were not listed on t		ਹਾ
	Form 990 or 990-EZ?		∐ Yes [X No
	If 'Yes,' describe these new services on Schedule O		r	
3	3 Did the organization cease conducting, or make significant cha	anges in how it conducts, any program servi	ices? Yes	X No
	If 'Yes,' describe these changes on Schedule O			
4	4 Describe the exempt purpose achievements for each of the or	ganization's three largest program services	by expenses. Section 50	1(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are expenses, and revenue, if any, for each program service repo	required to report the amount of grants and	allocations to others, the	totai
	expenses, and revenue, it any, for each program service repo	ted		
				
4	4a (Code (Co	ding grants of \$) (F	Revenue \$)
	SEE SCHEDULE O			
			. 	
1	4b (Code) (Expenses \$	iding grants of \$) (F	Revenue \$)
-	4b (Code 1. 1.1.1) (Expenses 4	ding grants or $\psi_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline$	tevenue 4	
			- -	
				
				- -
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			- 	
				
				
				
	WYY V V			
4	4c (Code. Expenses \$ included)	iding grants of \$) (F	kevenue \$)
				 _
				
				
	Ad Other management of the Co			
4	4d Other program services (Describe in Schedule O)	A		
		\$) (Revenue \$)	
4	4e Total program service expenses ► 3, 644, 93	<u>'</u>		

Part IV Checklist of Required Schedules

7

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X)	
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
127	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Χ_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I. Parts I and III Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule I 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L. Part 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV 14 instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38

BAA Form **990** (2009)

			Yes	No
1	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 11		103	_110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 66			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
- 1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
-	b If 'Yes,' enter the name of the foreign country	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>
1	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	3,	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders			
١	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Section A</u>	Governing Body and Management				
		ا ا		Yes	No
	ne number of voting members of the governing body	1a 8			
	ne number of voting members that are independent	1b 3			
Did any officer,	officer, director, trustee, or key employee have a family relationship or a business ridirector, trustee or key employee?	elationship with any other	2		<u>X</u>
3 Did the	organization delegate control over management duties customarily performed by or ers, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		х
	organization make any significant changes to its organizational documents		4		X
	ne prior Form 990 was filed?				
5 Did the	organization become aware during the year of a material diversion of the organization	on's assets?	5_		_X
6 Does tl	e organization have members or stockholders? SEE SCHEDULE O		6	Х	
7a Does tl	e organization have members, stockholders, or other persons who may elect one or ng body? SEE SCHEDULE O	more members of the	7a	х	
b Are an	decisions of the governing body subject to approval by members, stockholders, or o	other persons?SEE SCH O	7Ь	Х	
8 Did the	organization contemporaneously document the meetings held or written actions und	ertaken during the year by			
	verning body?		8a	X	
•	ommittee with authority to act on behalf of the governing body?		8b	Х	
9 Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the SEE SCHEDULE O	9	х	
	Policies (This Section B requests information about policies not				
Revenue Co	de)				
•		,		Yes	No
10 a Does to	e organization have local chapters, branches, or affiliates?		10 a		_X_
b If 'Yes, and br	does the organization have written policies and procedures governing the activities inches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 ь		
11 Has the	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	L
11 A Describ	e in Schedule O the process, if any, used by the organization to review this Form 99	O SEE SCHEDULE O			
	e organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
to conf			12b	Х	
c Does ti Schedi	ie organization regularly and consistently monitor and enforce compliance with the p lie O how this is done SEE SCHEDULE Q	olicy? If 'Yes,' describe in	12c	Х	
	e organization have a written whistleblower policy?		13	X	
14 Does to	e organization have a written document retention and destruction policy?		14		X
15 Did the person	process for determining compensation of the following persons include a review and, comparability data, and contemporaneous substantiation of the deliberation and de	d approval by independent ecision?			
	anization's CEO, Executive Director, or top management official SEE SCHEDUL		15 a	X	
b Other of	fficers of key employees of the organization SEE SCHEDULE O		15 b	X	
If 'Yes'	to line 15a or 15b, describe the process in Schedule O (See instructions)		.		
16 a Did the entity of	organization invest in, contribute assets to, or participate in a joint venture or simila uring the year?	r arrangement with a taxable	16a		X
ın joint	has the organization adopted a written policy or procedure requiring the organization venture arrangements under applicable federal tax law, and taken steps to safeguar	n to evaluate its participation d the organization's exempt			
	vith respect to such arrangements?		16b		
	Disclosures NONE				
	states with which a copy of this Form 990 is required to be filed NONE				
inspect	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply newboite X Another's website X Upon request	and 990-1 (501(c)(3)s only) av	'allabl	e for	public
		monte conflict of interest act	.cv c-	nd fine	anoial
	e in Schedule O whether (and if so, how) the organization makes its governing docuents available to the public SEE SCHEDULE O				ariciai
	ne name, physical address, and telephone number of the person who possesses the N_EVANS_2400_W_ALTORFERPEORIA_IL_61615_309-689-0442				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee **(E) (F)** (A) (c) (D) Average hours Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Estimated Name and Title Reportable compensation from the organization (W-2/1099-MISC) amount of other compensation from the individual tor director Officer per week nstitutional trustee lighest compensated nployee employee organization and related organizations trustee TED PITTENGER X 112,090 0 0. PRESIDENT 40 Х WILLIAM KURTH 0 0. 0 DIRECTOR 1 X JAMIE PYLES 0 0. DIRECTOR 0 Х 0 RICHARD DRIGGERS DIRECTOR 1 Х 0 0 0. BRYAN EVANS TREASURER 40 Х X 77,308. 0 0. JAMES LANSBERRY VICE PRESIDENT 47 Х 93,963 0 0. E RAY KING SECRETARY 0 0. 40 X 90,260. JOHNNY ARRINGTON 0. CHAPLAIN 40 X 63,660 0

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

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Pa	rt VIII Statement of Revenue				
	`	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b 2,485,461. c Fundraising events. 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
ONTRIBUTI	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f. \$	2 000 775			
0 7	h Total. Add lines 1a-1f	3,002,775.	_		
NO.	Business Code	1 542 207	1 542 207		
EVE	2a PLEDGE REVENUE	1,543,397.	1,543,397.		
ER	b FEE NEGOTIATION REIMB	928,063.	928,063.		
NC.	c				
SEF	d				
AM:	e				
GR	f All other program service revenue				
PR	g Total. Add lines 2a-2f	2,471,460.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	11,333.		<u>.</u>	11,333.
	5 Royalties	= :-			
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory b Less; cost or other basis				
	and sales expenses 7,958.				
	c Gain or (loss) -7, 808.				
	d Net gain or (loss)	-7,808.			-7,808.
IUE	8a Gross income from fundraising events (not including \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18				
뷭	b Less direct expenses b				
o	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
İ	11a MISCELLANEOUS INCOME	4,069.	4,069.		•
	b				
	c			-	
	d All other revenue				
	e Total. Add lines 11a-11d	4,069.			
	12 Total revenue. See instructions	5,481,829.	2,475,529.	0.	3,525.
	12 Total Teverine. See Instructions	J, 401, 043.	4,310,043.	<u> </u>	1 3,323.

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete column	nns (B), (C), and (D).
--	------------------------

	All other organizations must com				
Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	282,118.	282,118.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	437,281.	0.	437,281.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	_ 0.	0.	0.
7	Other salaries and wages	1,703,795.	1,290,748.	310,710.	102,337.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits.	192,803.	116,232.	67,356.	9,215.
10	Payroll taxes	158,979.	95,840.	55,540.	7,599.
11	Fees for services (non-employees)				
	a Management				
	D Legal	99,769.	79,815.	19,954.	
	Accounting	9,000.	7,200.	1,800.	
	Lobbying	219,859.	219,859.	,	
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				
•	Advertising and promotion	344,394.			344,394.
13	Office expenses	15, 236.	9,185.	5,323.	728.
14	Information technology	13,230.	3,103.	3,323.	720.
	53				
15	Royalties	44,622.	26,900.	15,589.	2,133.
16	Occupancy Travel	64,113.	38,651.	22,398.	3,064.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	04,113.	30,031.	22, 330.	3,004.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,556.	54,592.	31,636.	4,328.
23	Insurance	19,251.	11,606.	6,725.	920.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
á	REDUCTION NEGOTIATION	933,854.	933,854.		
	POSTAGE AND SHIPPING	257,211.	155,060.	89,857.	12,294.
(PRINTING AND PUBLICATIONS	190,872.	115,067.	66,682.	9,123.
	BUILDING MAINTENANCE	156,668.	94,448.	54,732.	7,488.
	REPAIRS AND MAINTENANCE	29,494.	17,780.	10,304.	1,410.
	All other expenses	163,250.	95,982.	42,170.	25,098.
	Total functional expenses Add lines 1 through 24f	5,413,125.	3,644,937.	1,238,057.	530,131.
	Joint costs. Check here ► If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

37-1295601 SAMARITAN MINISTRIES INTERNATIONAL Form 990 (2009) Part X **Balance Sheet** (A) Beginning of year (B) End of year 6,453 1 Cash - non-interest-bearing 2 546,482 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 65,802. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 3,861 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 894,293. Complete Part VI of Schedule D 10b 533,449. 10 c 334,648. **b** Less accumulated depreciation 11 11 Investments - publicly-traded securities. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 26,296 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,182,343 16 16 Total assets Add lines 1 through 15 (must equal line 34) 280,736. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 1,019,178. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 1,299,914 26 Total liabilities. Add lines 17 through 25 X and complete lines Organizations that follow SFAS 117, check here

27 through 29 and lines 33 and 34. 27 Unrestricted net assets

Temporarily restricted net assets 29 Permanently restricted net assets

Organizations that do not follow SFAS 117, check here lines 30 through 34.

30 Capital stock or trust principal, or current funds

31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds

33 Total net assets or fund balances Total liabilities and net assets/fund balances 34

31 32 -117,571 33 -39,619 1,182,343. 34 1,437,305.

-206,571

89,000

27

28

30

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44,189.

697,335.

56,638.

4,695

559,645.

13,830.

60,973.

1,437,305.

1,075,335.

1,476,924.

-155,343.

115,724.

401,589.

and complete

Form 990 (2009) SAMARITAN MINISTRIES INTERNATIONAL	37-1295601	<u>P</u>	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2	а	X
b Were the organization's financial statements audited by an independent accountant?	_ 2	b X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accountant?	versight of the audit, 2	c X	
If the organization changed either its oversight process or selection process during the tax year, early Schedule O	xplaın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both	ar were issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis		_	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set a Audit Act and OMB Circular A-133?	forth in the Single	а	x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits	rgo the required audit	ь	

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name o	of the	organız	ation						•	Employer	identificat	ion number	-	
SAM	AR.	LTAN	MINISTRI	ES INTERNATIO	NAL					37-12	295601	•		
Part	t I	Rea	son for Pul	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See II	nstructi	ons		
The c	rga	nızatıc	n is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)		•	·		
1		A chu	irch, conventio	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(I)					
2	П	A sch	ool described	in section 170(b)(1)(A)(ii). (Attach Schedule i	Ξ.)								
3	П				e organization described		on 170(i	ьх1хах	iii).					
4	П			•	d in conjunction with a h					0(b)(1)(A	A)(iii) En	iter the hos	pital's	;
	_		, city, and sta	•	,	•								
5		An or 170(b	ganization op X1XAXiv). (C	erated for the benefit Complete Part II)	of a college or university					nmental	unit des	scribed in s	ectio	n
6 7		An or	ganization tha	local government or eat normally receives a XAXvi). (Complete P	governmental unit descri substantial part of its su art II)	bed in s ipport fr	ection 1 om a go	1 70(b)(1) vernme	(A)(v). ntal uni	t or from	n the ger	neral public	desc	ribed
8		A con	nmunity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	II.)							
9	X	from a	activities relate Iment income	d to its exempt function	more than 33-1/3 % of its a s – subject to certain exce ss taxable income (less omplete Part III)	entions, a	and (2) r	o more t	han 33-	1/3 % of	its suppo	ort from aros	SS	fter
10	Ш	An or	ganization orç	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).				
11		more	publicly supp	orted organizations of	exclusively for the benefices the section 509 (section 509) attornand complete lines	a)(1) or	section	509(a)(2						
		a 🗌	Type I	b Type II	c 🗌 Type III	l — Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е		By ch than f 509(a	foundation ma	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly s	led dired upported	tly or in d organi	directly zations	by one describ	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f			organization in this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organizatioi	ո,	
g		Since	August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	,7		
													Yes	No
			below, the go	verning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		• •	•	ber of a person desc	• •							11 g (ii)		
		• •		•	described in (i) or (ii) a							11 g (iii)		
<u>h</u>		Provid	de the following	ng information about t	he supported organization	ons								
	(i)	Name (Orga	of Supported Inization	(iı) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?	(v) Did y the organ col your su	uzation in (i) of		s the ion in col zed in the S ?	(vii) Amoun	t of Sup	port
						Yes	No	Yes	No	Yes	No			
						<u> </u>		ļ		<u> </u>	ļļ			
								ļ						
				· · · · · · · · · · · · · · · · · · ·				ļ						
										1				
							<u> </u>					<u> </u>		
Total														

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Schedule A (Form 990 or 990-EZ) 2009

	` (Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t1)		_			
Sec	tion A. Public Support					,			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							<u></u>	
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support			·	····	т			
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc (see in	structions)			l	12		
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section §	501(c)(3	3)	
	tion C. Computation of Pu					 -			
	Public support percentage for 20	• '	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		-	14		<u>%</u>
	Public support percentage from					l	15		%
	a 33-1/3 support test — 2009. If the and stop here. The organization	qualifies as a pu	blicly supported o	rganization				•	
•	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 rganization	a, and line 15 is 3	33-1/3% or m	iore, ch	neck this box	
17 <i>a</i>	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain ii	n Part I	IV how	
ı	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	ere. Explain ii	n Part I	15 is 10% IV how the	
18	Private foundation. If the organi	zation did not ch	eck a box on line,	13, 16a, 16b, 17	a, or 17b, check t	this box and	see ins	tructions -	\prod

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

Sec	tion A. Public Support	oned the Box on the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Idar year (or fiscal yr beginning in)	(a) ∠∪∪5	(D) 200b	(0) 2007	(u) 2000	(6) 2003	(i) Ivial
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	82,234.	54,262.	119,009.	253,715.	517,314	1,026,534.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
2	purpose Gross receipts from activities that are	3,096,113.	3,516,162.	4,054,122.	4,112,604.	4,990,911	19,769,912.
	not an unrelated trade or business under section 513	<u>.</u>					0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	3,178,347.	3,570,424.	4,173,131.	4,366,319.	5,508,225	. 20,796,446.
	Amounts included on lines 1, 2, 3 received from disqualified	0.	0.	0.	0.	0	
Ь	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0	
	year			0.	0.	0	
	Add lines 7a and 7b	0.	0.	<u> </u>	<u> </u>	<u> </u>	
8	Public support (Subtract line				-		
	7c from line 6)						20,796,446.
Sac	tion B. Total Support						
<u> </u>	=: : очи: опрро::			r			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	· · · · · · · · · · · · · · · · · · ·	/	(b) 2006 3, 570, 424.	 	(d) 2008 4,366,319.	(e) 2009 5,508,225	
Cale:	ndar year (or fiscal yr beginning in)	3,178,347.	3,570,424.	4,173,131.	4,366,319.	5,508,225	. 20,796,446.
Caler 9 10 a	ndar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	6,214.	3,570,424. 5,544.	4,173,131. 14,396.	10,229.	5,508,225 11,333	. 47,716.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	3,178,347.	3,570,424.	4,173,131.	4,366,319.	5,508,225	. 47,716.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	6,214.	3,570,424. 5,544.	4,173,131. 14,396.	10,229.	5,508,225 11,333	. 47,716.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	6,214.	3,570,424. 5,544.	4,173,131. 14,396.	10,229.	5,508,225 11,333	. 47,716. 0. 47,716. 0. 15,087.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12)	6,214. 6,214.	3,570,424. 5,544. 5,544.	14,396. 14,396. 3,206.	10,229. 10,229. 975.	5,508,225	. 47,716. 0. 47,716. 0. 15,087. 20,859,249.
Caler 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	3,178,347. 6,214. 6,214. 800.	3,570,424. 5,544. 5,544. 7,695.	14,396. 14,396. 3,206.	10,229. 10,229. 975.	5,508,225	. 47,716. 0. 47,716. 0. 15,087. 20,859,249.
Caler 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12)	3,178,347. 6,214. 6,214. 800.	3,570,424. 5,544. 5,544. 7,695.	14,396. 14,396. 3,206.	10,229. 10,229. 975.	5,508,225	. 47,716. 0. 47,716. 0. 15,087. 20,859,249.
Caler 9 10 a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	6,214. 6,214. 800. Is for the organization here	3,570,424. 5,544. 5,544. 7,695. ation's first, seco	14, 396. 14, 396. 3, 206.	10, 229. 10, 229. 975. or fifth tax year a	5,508,225	. 47,716. 0. 47,716. 0. 47,716. 0. 20,859,249. □ (3) ► □
Caler 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	6,214. 6,214. 800. Is for the organization here blic Support P	3, 570, 424. 5, 544. 5, 544. 7, 695. ation's first, second cercentage n (f) divided by liii	14, 396. 14, 396. 3, 206.	10, 229. 10, 229. 975. or fifth tax year a	11, 333 11, 333 2, 411 s a section 501(. 20,796,446. . 47,716. 0. 47,716. 0. 15,087. 20,859,249. □ 99.7%
Cales 9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	6,214. 6,214. 6,214. 800. Is for the organization here blic Support P 1009 (line 8, columnation 2008 Schedule A,	3, 570, 424. 5, 544. 5, 544. 7, 695. ation's first, secon (f) divided by ling Part III, line 15	3,206. 14,396.	10, 229. 10, 229. 975. or fifth tax year a	11, 333 11, 333 2, 411 s a section 501(. 20,796,446. . 47,716. 0. 47,716. 0. 15,087. 20,859,249. □ 99.7%
Caler 9 10 a b c 11 12 13 14 Sec 5 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from tion D. Computation of Inventorial processing in the policy processing the processing processing the processing processing the policy processing processing the processing proces	6,214. 6,214. 6,214. 800. Is for the organization here blic Support P 009 (line 8, columnia 2008 Schedule A, restment Incor	3,570,424. 5,544. 5,544. 7,695. ation's first, second recentage n (f) divided by line Part III, line 15 me Percentage	4,173,131. 14,396. 14,396. 3,206. ad, third, fourth,	10, 229. 10, 229. 975. or fifth tax year a	11, 333 11, 333 2, 411 s a section 501(. 47,716. 0. 47,716. 0. 47,716. 0. 15,087. 20,859,249. c)(3)
Caler 9 10 a b 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the strength of Investment income percentage from the support p	6,214. 6,214. 800. Is for the organization here blic Support P 009 (line 8, columna 2008 Schedule A, restment Incor	3,570,424. 5,544. 5,544. 7,695. ation's first, secondercentage n (f) divided by ling Percentage column (f) divided column (f) d	4,173,131. 14,396. 14,396. 3,206. and, third, fourth, the 13, column (f)	10, 229. 10, 229. 975. or fifth tax year a	11, 333 11, 333 2, 411 s a section 501(. 47,716. 0. 47,716. 0. 47,716. 0. 47,716. 0. 20,859,249. □ 99.7% 99.7% 0.2%
Caler 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from tion D. Computation of Inventorial processing in the policy processing the processing processing the processing processing the policy processing processing the processing proces	6,214. 6,214. 6,214. 800. Is for the organization here blic Support P 009 (line 8, columna 2008 Schedule A, restment Incorror 2009 (line 10c, rom 2008 Schedule organization did not	3,570,424. 5,544. 5,544. 7,695. ation's first, secondercentage n (f) divided by ling Part III, line 15 me Percentage column (f) divided le A, Part III, line check the box on	14, 396. 14, 396. 14, 396. 3, 206. and, third, fourth, the 13, column (f); and by line 13, column (f); line 14, and line 15	975. or fifth tax year a	11, 333 11, 333 11, 333 2, 411 s a section 501(15 16 17 18 19, and line 17 is	. 47,716. 0. 47,716. 0. 47,716. 0. 15,087. 20,859,249. c)(3)
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART TV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage from Investment income percentage from Investment income percentage from 33-1/3 support tests — 2009. If the care in the support tests — 2009. If the care in the support tests — 2009.	6,214. 6,214. 6,214. 800. Is for the organization here blic Support P 009 (line 8, columnate 2008 Schedule A, restment Incorrect 2009 (line 10c, from 2008 Schedule organization did not and stop here the organization did not here	3,570,424. 5,544. 5,544. 7,695. ation's first, second formula in the column (f) divided by ling and part III, line 15 in e Percentage column (f) divided le A, Part III, line check the box on the organization d not check a bo	14, 396. 14, 396. 14, 396. 3, 206. ad, third, fourth, ne 13, column (f) e d by line 13, column (f) in qualifies as a property on line 14 or 19	10, 229. 10, 229. 10, 229. 975. or fifth tax year a imn (f)) is more than 33-1/3 ublicly supported a, and line 16 is in	11, 333 11, 333 11, 333 2, 411 s a section 501(15 16 17 18 18, and line 17 is organization more than 33-1/3	. 47,716. . 47,716. . 47,716. . 47,716. . 15,087. 20,859,249. c)(3)

Schedule A	(Form 990 c	or 990-EZ)	2009 SAM	AKITAN M.	TNT21KTE:	2 INTERNA	TIONAL	3/-1293	OOT	Page 4
Part IV	Suppleme Part II, In	ental Info e 17a or	rmation. C 17b; and F	complete the	is part to p 12. Provi	orovide the	explanations er additional in	required by Pa formation. Se	irt II, line 10 e instruction	; s.
										
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

SAMARITAN MINISTRIES INTERNATIONAL

37-1295001

PART III, LINE	: 12 - OI	HER IN	ICOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
NET AMOUNT FROM SALE OF	ASSET				222
MISCELLANEOUS INCOME WORKMAN'S COMP REFUND	2,311.	975.	3,206.	6,145. 50. 1,500.	800.
REFERRAL INCOME TOTAL	$\frac{100.}{\$}$	\$ 975 <u>.</u>	\$ 3,206.	\$ 7,695.	\$ 800.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations: complete Part I-A only.

Was I to Farm 000 Dark IV line E (Drave, Tay) then

- If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete

	•	rganizations Complete Part III	men		
	of organization	- <u>-</u>		Employer identific	ation number
SAN	MARITAN MINISTRIES	INTERNATIONAL		37-129560	1
Par	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV	
2	Political expenditures			▶\$	
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	-	ise tax incurred by organization managers		▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes X No
4 8	Was a correction made?				∐Yes ∐No
ŀ	If 'Yes,' describe in Part IV				
Par	t I-C │Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🕨 🗲 \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt ►\$	
3	Total of exempt function exp	enditures Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L, ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made For each organization contributions received that w	and employer identification number (EIN) i listed, enter the amount paid from the fili ere promptly and directly delivered to a se ee (PAC). If additional space is needed, pr	ng organization's func parate political organ	ds Also enter the amou	int of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Farm 990 or 990-EZ) 200	9 SAMARITAN 1	MINISTRIES INTERN	IATIONAL	37-1295	6601 Page 2
		n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	ection under
section 501((h)).				
⊢	•	ongs to an affiliated group			
B Check ► If the filing	ng organization che	ecked box A and 'limited co	ontrol' provisions apply	<u>′</u>	
(The term	Limits on Lobby 'expenditures' me	ng Expenditures — ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence p	ublic opinion (grass roots l	obbying).		
b Total lobbying expendition	ures to influence a	legislative body (direct lob	bying).		
c Total lobbying expenditi	•	and 1b)			<u> </u>
d Other exempt purpose of	•				
e Total exempt purpose e	expenditures (add l	ines 1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the ar	nount from the following ta	able in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000 g Grassroots nontaxable a	amount (antar 25%	\$1,000,000			
h Subtract line 1g from lir	•	•			
i Subtract line 1f from lin					
j If there is an amount ot	ther than zero on e	ither line 1h or line 1i, did	the organization file F	orm 4720 reporting	□Vac □Na
section 4911 tax for this	s year?				Yes No
(Som	e organizations th colum	4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	election do not have to	complete all of the five	
· ·	Lob	bying Expenditures Durin	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2009

 	************		<u> </u>
		under section 501(c)(3) an	d has NOT filed Form 5768
(election under section 50	01(h)).		

	(3	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	Х		152,191.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		8,763.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities? If 'Yes,' describe in Part IV SEE PART IV	X		170,640.
i Total Add lines 1c through 1i			331,594.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or se	ction 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		
_		F	27/-1/	(0)

Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5
Part IV Supplemental Information	
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part Also, complete this part for any additional information	t II-B, line 1ı

PART JI-B, LINE 1L-OTHER ACTIVITIES DESCRIPTION
MEETINGS \$1271; LEGAL \$58,905; WAGES & TAXES \$110,464

Schedule C (Form 990 or 990-EZ) 2009

Schedule C	(Form 990 or 990-EZ) 2009 SAMARITAN MINISTRIES INTERNATIONAL	37-1295601	Page 4
Part IV	(Form 990 or 990-EZ) 2009 SAMARITAN MINISTRIES INTERNATIONAL Supplemental Information (continued)		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if

Open to Public Inspection

37-1295601

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

SAMARITAN MINISTRIES INTERNATIONAL

tach to Form 990. ► See separate instructions Inspection

Employer Identification number

	the organization answered 'Yes' to	o Form 990, Part IV, Iir	ne 6.			
		(a) Donor advise	d funds	(b) Funds a	nd other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusi	ne assets held in dono ve legal control?	r advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or d	iting that grant funds onor advisor or for an	may be y other	Yes	No
Par	t II Conservation Easements Comple	ete if the organization a	enswered 'Yes' to	Form 990, Pa	art IV, line	7
1	Purpose(s) of conservation easements held by	y the organization (check all	that apply).			
	Preservation of land for public use (e g , r	ecreation or pleasure)	Preservation of a	ın historically imi	portant land	area
	Protection of natural habitat		Preservation of c	ertified historic s	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organizatilast day of the tax year.	on held a qualified conserva	tion contribution in the	e form of a cons	ervation ease	ement on the
				Held	at the End of	f the Year
ā	Total number of conservation easements			2a		
t	Total acreage restricted by conservation ease	ments		2 b		
(Number of conservation easements on a certi	fied historic structure include	ed in (a)	2c		
C	Number of conservation easements included i	n (c) acquired after 8/17/06		2 d		
3	Number of conservation easements modified,	transferred, released, exting	juished, or terminated	by the organiza	tion during th	ne tax

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
 - **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X

170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

during the year

during the year

ب -		
▶\$		

Yes

No

►\$_____

Number of states where property subject to conservation easement is located ▶

Schedule D (Form 990) 2009 SAMAI				37-129		Page 2
Part III Organizations Mainta						
3 Using the organization's acquisit items (check all that apply)	ion accession and			hat are a significant uso	e of its collect	ion
a Public exhibition		—	or exchange programs			
b Scholarly research		e U Other				
c Preservation for future general Provide a description of the organical Provides and provides a description of the organical Provides and provides a description of the organical Provides and provides		ons and explain hov	v they further the organ	ızatıon's exempt purpos	se in	
Part XIV 5 During the year, did the organiza assets to be sold to raise funds it	ition solicit or rec	eive donations of ar	t, historical treasures, o	r other similar	Yes [□No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangemen	ts Complete if o	rganization answer			
1a Is the organization an agent, trus				er assets not	Yes	No
included on Form 990, Part X? b If 'Yes,' explain the arrangement	t in Part XIV and	complete the follow	ng table	 		
					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance				_ 1f]		<u> </u>
2a Did the organization include an a		990, Part X, line 217	•		Yes	∐ No
b If 'Yes,' explain the arrangement			ad Waal ta Farm OC	O Port IV June 10		
Part V Endowment Funds Co					(e) Four yea	re book
1. D	(a) Current year	(b) Prior year	r (c) Two years back	(a) Three years back	(e) Four yea	IS Dack
1 a Beginning of year balance	-				 	
b Contributions					+	
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance		1				
Provide the estimated percentag	e of the year end	balance held as				
a Board designated or quasi-endov	wment >	%				
b Permanent endowment ▶	<u></u> %					
c Term endowment ►	%					
3a Are there endowment funds not	in the possession	of the organization	that are held and admi	nistered for the	[V	T
organization by					Yes	No
(i) unrelated organizations					3a(i)	+
(ii) related organizations			-thandula D3		3a(ii)	+
b If 'Yes' to 3a(II), are the related	•				3b	<u> </u>
4 Describe in Part XIV the intende Part VI Investments—Land, B				line 10		-
		Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book V	/aluo
Description of investmen	(a)	(investment)	basis (other)	Depreciation Depreciation		
1 a Land			41,550.			.,550.
b Buildings	<u> </u>		453,703.	45,048.	408	655.
c Leasehold improvements	<u> </u>		000 100	160 150		7 005
d Equipment	<u></u>		208,138.	160,153.		7,985.
e Other	L		190,902.	129,447.		., 455.
Total. Add lines 1a through 1e (Colum	nn (d) must equal	Form 990, Part X, o	column (B), line 10(c)).	<u>\</u>		645.
BAA				Sched	lule D (Form 9	90) 2009

Part VII	Investments-Other Securities See F	orm 990, Part X, line	12. N/A	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year mark	tion ket value
Financial o				
	Id equity interests			
-				
	mn (b) must equal Form 990 Part X, col (B) line 12)			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion ket value
		+	Cost or end-of-year mar	ver value
		-		
		 		
			-	
Total (Colum	nn (b) must equal Form 990, Part X, Col (B) line 13.)	 		
Part IX	Other Assets (See Form 990, Part X	, line 15) N/A		
		escription		(b) Book value
				•
	lumn (b) must equal Form 990, Part X, col (B),		>	<u> </u>
Part X	Other Liabilities (See Form 990, Par			
	(a) Description of Liability	(b) Amount	_	
Federal Inc	come Taxes		4	
			4	
			_	
			\dashv	
			-	
			_	
			-	
			-	
			_	
Total (0:1	on (h) must squal Form OOO Book V and (B) line 25)		<u> </u>	
	nn (b) must equal Form 990, Part X, col (B) line 25)	atnote to the ergenization's	financial statements that reports the	organization's liability
for uncerta	Footnote In Part XIV, provide the text of the footnote the positions under FIN 48	omote to the organization's	inianciai statements that reports the	organization s nability

Schedule D.(Form 990) 2009 SAMARITAN MINISTRIES INTERNATIONAL

37-1295601

Page 3

Sche	edule D (Form 990) 2009 SAMARITAN MINISTRIES INTERNATIONAL	37-1295601	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	'Total revenue (Form 990, Part VIII,column (A), line 12)		481,829.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,	413,125.
3	Excess or (deficit) for the year Subtract line 2 from line 1		68,704.
4	Net unrealized gains (losses) on investments		9,248.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		9,248.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		77,952.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements		481,829.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments	1 1	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1		481,829.
J	Amounts included on Form 990, Part VIII, line 12, but not on line 1	• • • · • · · · · · · · · · · · · ·	101/023.
	Investments expenses not included on Form 990, Part VIII, line 7b.		
	· · · · · · · · · · · · · · · · · · ·		
		4c	
	Add lines 4a and 4b		481,829.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		401,029.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 5,	413,125.
	Total expenses and losses per audited financial statements		415,125.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities	 	
	Prior year adjustments 2b	 	
	Other losses 2c	_	
	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2e	412 105
3	Subtract line 2e from line 1	3 5,	413,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b.		
ı	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 5,	413,125.
Pa	t XIV Supplemental Information		
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete the mation	rt IV, lines 1b and 2 is part to provide ar	b, Part V, y additional
			
BAA	TEEA3304L 02/02/10	Schedule D (Fo	orm 990) 2009

Schedule D	(Form 990) 2009	SAMARITAN MINISTRIE	S INTERNATIONAL	<u> </u>	37-1295601	Page 5
Part XIV	Supplementa	SAMARITAN MINISTRIE al Information (continued)				_
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

× % × (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form **Employer Identification number** Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 37-1295601 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance (p) EIN SAMARITAN MINISTRIES INTERNATIONAL Enter total number of other organizations 111111111111 1 (a) Name and address of organization or government | | | 1 1 1111 Name of the organization ţ 1111 1 1 1

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Page 2 · Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 37-1295601 SAMARITAN MINISTRIES INTERNATIONAL Schedule I (Form 990) 2009

(f) Description of non cash assistance					ner additional information.								
(e) Method of valuation (book, FMV, appraisal, other)					rt I, line 2, and any other					 			
(d) Amount of non-cash assistance					provide the information required in Part I			; ; ; ; ;	 	! 	 	 	
(c) Amount of cash grant	282, 118.				rovide the informat				 	 	1 	1 1 1 1 1 1 1 1 1	! ! ! ! ! ! !
(b) Number of recipients	741				olete this part to pi				 	 		 	
(a) Type of grant or assistance	CASH ASSISTANCE FOR MEDICAL EXPENSES				Part IV Supplemental Information. Complete this part to		l i					 	

BAA

Schedule I (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A **Employer identification number** 37-1295601 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income 501 (C) 6 TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) 급 ADVOCACY IN THE BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PUBLIC POLICY HEALTHCARE Primary activity ARENA FOR (B) Primary activity SHARING ALLIANCE OF HEALTHCARE SHARNG MINISTRIES (A) Name, address, and EIN of related organization **(A)** Name, address, and EIN of disregarded entity SAMARITAN MINISTRIES INTERNATIONAL 61571 Name of the organization PO_BOX_389_ WASHINGTON, 26-0886401 Partl Part II

Page 2

37-1295601

Schedule R (Form 990) 2009 SAMARITAN MINISTRIES INTERNATIONAL

Part III Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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	(F)	ets																
	9)	e or e ass																
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iax y		Share of total income Share of end-of-year assets																
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rners	1	Predominant income (related,	clude	nder 2.514)	(f)													
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 Decause it riad one or more related organizations treated as a partnership during the tax year. 	હ	domicile controlling entity	te or	eign ofry	, i													_
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	(B)	ary A																
olie Olie										_								
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		2 -				 	 	 		 	 	1 1		 	1 1			

Partily: Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Interested 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	rporation or Tru treated as a co	ust (Complete	of the organizations the	ation answered 'Ye tax year.)	ss' to Form 990, Pa	ırt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Activity Legal domicile Direct Type of entity (State or foreign controlling entity country)	(G) Share of end-of-year assets	(H) Percentage ownership
ВАА		TEEA5002L 02/05/10	05/10			Schedule R (Form 990) (2009)	990) (2009)

37-1295601

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

			ŀ	
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	읟
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.	.IV.			7
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		e -	-	×
b Gift, grant, or capital contribution to other organization(s)		<u>a</u>	4	
c Gift, grant, or capital contribution from other organization(s)		٦	7	st
d Loans or loan guarantees to or for other organization(s)		1d		×
e Loans or loan guarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		-		×
a Purchase of assets from other organization(s)		_ _	-	×
		=		×
		;	-	×
I Lease of facilities, equipment, of other assets to other organization(s)			+-	<u></u>
j Lease of facilities, equipment, or other assets from other organization(s)		1:		×
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>+</u>		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		1 m		×
n Sharing of paid employees		1n		$ \times $
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1p		×
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)	1.00	1,		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ips and transaction thresho	splo		ł
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	nvolve	- D
(1) ALLIANCE OF HEALTHCARE SHARNG MINISTRIES	В		152, 191	191.
(2)				
(c)				
(9)				
BAA	Schedule	Schedule R (Form 990) (2009)	99) (2	600

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

(H) General or managing partner? ŝ Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Yes Code V-UBI amount on box 20 of Schedule K-1 Form (1065) Dispropor- (constens) ž Yes (E) Share of end-of-year assets (D)
Are all partners section 501(c)(3) organizations? ٥N Yes (C) Legal domicile (state or foreign country) (B) Primary activity (A)
Name, address, and EIN of entity i İ i İ i | | | | | 1 1 I ı ı ١ ı | | | | ı 111 1 1111 1111 | | | | 1 | 111 1 ١ I

Schedule R (Form 990) (2009)

TEEA5004L 02/05/10

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

SAMARITAN MINISTRIES INTERNATIONAL	37-1295601
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT	·s
DURING 2009, SMI PUBLISHED AND DISTRIBUTED THE MONTHLY CH	HRISTIAN HEALTH CARE
NEWSLETTER, CONTAINING ARTICLES ON VARIOUS TOPICS RELATIN	NG TO HEALTH CARE, SPIRITUAL
ISSUES, AND THE RELIGIOUS MINISTRIES OF THE ORGANIZATION,	AND LISTING FINANCIAL,
PHYSICAL AND SPIRITUAL NEEDS OF INDIVIDUALS WHO HAVE PHYS	SICAL INJURIES AND ILLNESSES.
THE NEWSLETTER SEEKS TO FOCUS OUR READERS POINT OF VIEW A	ABOUT THE MINISTRY SO THE
EMPHASIS IS ON HOW THEY CAN GIVE TO HELP OTHERS RATHER TH	HAN WHAT THEY GET.
PARTICIPANTS PLEDGE TO SEND A MINIMUM MONTHLY AMOUNT DIRE	ECTLY TO THOSE PUBLISHED
HOUSEHOLDS WHO HAVE MEDICAL EXPENSE NEEDS THAT FALL WITHI	IN SMI'S GUIDELINES. THE
NEWSLETTER IS AVAILABLE TO ANY AND ALL PROFESSING CHRISTI	IANS WHO ARE IN AGREEMENT
WITH OUR STATEMENT OF FAITH. PARTICIPATION IS AVAILABLE I	O ALL IN REFERENCE TO AGE,
PHYSICAL CONDITION, OR PRIOR AILMENTS.	
TOTAL MEMBERSHIP HOUSEHOLDS AT THE END OF 2009 WAS 14,022	2. SMI HAS MEMBERS RESIDING
IN_ALL_50_STATES_AS_WELL_AS_SEVERAL_COUNTRIES_ABROADA	SIGNIFICANT PORTION OF
MEMBERS ARE EMPLOYED AS CHURCH MINISTERS AND CHURCH STAFE	F IN PARA-CHURCH MINISTRIES
AND OTHER CHARITABLE ORGANIZATIONS. ALSO, A SIGNIFICANT	PORTION OF OUR MEMBERS ARE
SUBSISTING ON VERY LOW INCOMES, MANY OF WHICH HAVE NO HEA	ALTH INSURANCE.
THE PHYSICAL AND SPIRITUAL NEEDS OF MEMBERS AND OTHERS AF	RE PUBLISHED TOGETHER IN A
"PRAYER GUIDE", WHICH IS USED BY OUR MEMBERS AND THE SMI	STAFF FOR THE OFFERING OF
PRAYERS ON THE BEHALF OF THOSE IN NEED, MEMBERS AND NONME	EMBERS ALIKE. THE NEWSLETTER
IS SENT TO ALL SMI MEMBERS, NONMEMBERS WHO SUBSCRIBE FOR	A NOMINAL FEE (\$12) AND
COMPLIMENTARY SUBSCRIBERS.	

SA	MARITAN MINISTRIES INTERNATIONAL	37-1295601_
	FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CON	TINUED)
	IT IS ESTIMATED THAT IN 2009, OUR MEMBERS GAVE APPROXIMATELY \$3	35 MILLION IN ACCORD
	WITH THE MINIMUM MONTHLY PLEDGED AMOUNT TO THOSE MEMBER HOUSEHO	DLDS IN NEED DUE TO
	MEDICAL EXPENSES, AND SEVERAL HUNDRED THOUSAND TO THOSE NEEDY H	HOUSEHOLDS ABOVE THE
- -	MINIMUM AMOUNT. ALL OF THESE GIFTS GO DIRECTLY FROM ALL MEMBER	RS TO THE MEMBERS IN
	NEED, SO THE AMOUNTS ARE NOT REFLECTED IN SMI'S REVENUE OR EXPR	ENSES. IN ADDITION,
	SMI USES DONATED FUNDS TO ASSIST MEMBERS WHOSE NEEDS EXCEED THE	E GIFTS RECEIVED
	DIRECTLY FROM THE OTHER MEMBERS.	
	FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAP	REHOLDE
	MEMBERS PAY ANNUAL DUES	
	FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BODY
	THREE BOARD MEMBERS ARE ELECTED BY THE MEMBERSHIP	
	FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY	MEMBERS OR SHAREHOLDERS
	HEALTHCARE SHARE INCREASES MUST BE APPROVED BY THE MEMBERSHIP	
	FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MA	AILING ADDRESS
	JAMIE PYLES	
	32680 DEBERRY RD	
	CRESWELL, OR 97426	
	WILLIAM KURTH	
	407 HARRISON	
	LAKE VIEW, IA 51450	
		-
	RICHARD DRIGGERS	.
	5796 HIGHPOINT RD	
	BENBROOK, TX 76126	

lame of the organization	Employer identification number
SAMARITAN MINISTRIES INTERNATIONAL	37-1295601
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A COPY IS PROVIDED TO ALL BOARD MEMBERS.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND E	NFORCEMENT OF CONFLICTS
ANNUALLY THE BOARD FILLS OUT DISCLOSURE OF REAL OR APPR	ARENT CONFLICTS FORM.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL	PROCESS FOR CEO, EXEC. DIR., OR TOP MG
RELIANCE UPON COMPENSATION COMPARABILITY STUDIES. APPR	ROVAL BY ENTIRE BOARD.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL	PROCESS FOR OFFICERS & KEY EMPLOYEES
SAME AS COMPENSATION OF CEO AND TOP MANAGEMENT	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	JBLICLY AVAILABLE
UPON REQUEST	
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Scriedule O (Form 990) 2009		Page 2
Name of the organization	Employer identification number 37–1295601	
SAMARITAN MINISTRIES INTERNATIONAL	37 1233001	
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2009

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

SAMARITAN MINISTRIES INTERNATIONAL

37-1295001

MISSION STATEMENT-

THE PRIMARY PURPOSE OF SAMARITAN MINISTRIES INTERNATIONAL (SMI) IS TO CARRY OUT THE BIBLICAL GREAT COMMISSION OF MATTHEW 28:19-20, CURRENTLY FOCUSING ON DEVELOPING AND ADMINISTERING CREATIVE APPROACHES ENABLING CHRISTIANS TO MINISTER TO FELLOW BELIEVERS WHO FIND THEMSELVES IN PHYSICAL AND FINANCIAL NEED IN ACCORDANCE WITH THE HOLY BIBLE. THIS INCLUDES ENCOURAGING EMOTIONAL DIRECT AND INDIRECT GIFTS TO THOSE IN FINANCIAL NEED.

Form 8868 (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

 If you are filing for 	an Automatic 3-Month E	xtension, comple	ete only Part I and ch	eck this box			► X		
	an Additional (Not Auto						_		
	unless you have alread	y been granted a	n automatic 3-month	extension on a pi	reviously file	d Form 8868.			
Part I Automat	ic 3-Month Extens	ion of Time. (Only submit origi	nal (no copies	needed).				
*	to file Form 990-T and r					•			
All other corporations (income tax returns.	including 1120-C filers),	partnerships, RE	MICS, and trusts mu	st use Form 7004	to request a	an extension of ti	me to file		
returns noted below (6 the additional (not auto Form 990-T. Instead, years)). Generally, you can ele months for a corporation matic) 3-month extension ou must submit the fully gov/efile and click on e-	n required to file in or (2) you file f completed and s	Form 990-T). Howev Forms 990-BL, 6069, agned page 2 (Part I	er, you cannot file or 8870, group re	Form 8868 (turns, or a c	electronically if (1) you want solidated		
Name of Ex	empt Organization	•				Employer identificat	uon number		
Type or									
SAMAR1	TAN MINISTRIES	INTERNATIO	NAL			37-1295601	L		
	eet, and room or suite number								
filing your P.O. If	30X 213								
instructions City, town o	r post office, state, and ZIP coo	le For a foreign addre	ss, see instructions			, , ,			
WASHIN	IGTON, IL 61571								
Check type of return to	be filed (file a separate	application for e	ach return).						
X Form 990		Form 990-T (co	rporation)	ſ	Form 472	20			
Form 990-BL		Form 990-T (se	ction 401(a) or 408(a	a) trust)	Form 522	Form 5227			
Form 990-EZ	[Form 990-T (tru	ust other than above))	Form 606	9			
Form 990-PF		Form 1041-A			Form 887	0			
Telephone No. ► 3 If the organization of the street of t	e care of BRYAN E 09-689-0442 does not have an office b Return, enter the orga i If it is for part of the over matic 3-month (6 month)	or place of busing nization's four dig e group, check th	git Group Exemption his box ► ☐ and	Number (GEN) attach a list with ti	If he names ar				
	, 20 <u>,</u> to file	-	•	•					
	for the organization's re			· ·					
► X calendar	year 20 <u>09</u> or								
► tax year t	peginning	, 20,	and ending	, 20	·				
	for less than 12 months		Initial return	Final return	_	hange in accour	iting period		
	is for Form 990-BL, 990 edits. See instructions	-PF, 990-T, 4720	, or 6069, enter the t	entative tax, less	any	3a \$	0.		
b If this application made. Include an	is for Form 990-PF or 9 y prior year overpaymer	90-T, enter any ront allowed as a cr	efundable credits and edit	d estimated tax pa	yments	3ь\$	0.		
c Balance Due. Sub deposit with FTD See instructions	otract line 3b from line 3 coupon or, if required, t	a. Include your p by using EFTPS (ayment with this form Electronic Federal T	n, or, if required, ax Payment Syste	m).	3c \$	0.		
Caution. If you are going payment instructions.	ng to make an electronic	fund withdrawal	with this Form 8868,	see Form 8453-E	O and Form				
BAA For Privacy Act a	nd Paperwork Reductio	n Act Notice, see	instructions.			Form 886	8 (Rev. 4-2009)		