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Form 990-EZ

# Short Form 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. 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For 2009 calendar year, or tax year beginning APRIL 01, 2009, and ending MARCH 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Samaritan Foundation	D Employer identification number 20-1054591
		Number & street (or P.O. box, if mail is not delivered to street address) Room/suite 35 North Redwood Road	E Telephone number (801) 936-6200
		City or town, state or country, and ZIP + 4 North Salt Lake UT 84054	F Group Exemption Number . . . . .

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►

I Website: ► samaritan-foundation.org

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

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

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

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 57,692

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	45,618
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	1,894
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	10,180
	5b	Less: cost or other basis and sales expenses . . . . .	5b	30,464
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	-20,284
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	
	6b	Less: direct expenses other than fundraising expenses . . . . .	6b	
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	7b	Less: cost of goods sold . . . . .	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8	Other revenue (describe ►) . . . . .	8	
	9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	27,228
	10	Grants and similar amounts paid (attach schedule) . . . . .	10	38,932
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
ASSETS	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe ►) . . . . .	16	
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	38,932
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-11,704
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	69,907
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	58,203

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	59,382	22 48,578
23 Land and buildings . . . . .		23
24 Other assets (describe ► See attachment #3) . . . . .	10,525	24 9,625
25 <b>Total assets</b> . . . . .	69,907	25 58,203
26 <b>Total liabilities</b> (describe ►) . . . . .	0	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	69,907	27 58,203

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED AUG 19 2010

67

15

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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## Expenses

What is the organization's primary exempt purpose? See attachment #4

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28

(Grants \$ ) If this amount includes foreign grants, check here ☐

**28a**

29

(Grants \$ ) If this amount includes foreign grants, check here

**29a**

30

(Grants \$ ) If this amount includes foreign grants, check here . . . . .

**30a**

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐

31a

**32 Total program service expenses** (add lines 28a through 31a)

32

0

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instr. for Part IV.)
----------------	--

**(a) Name and address**

(b) Title and average hours per week devoted to position

(c) Compensation  
(If not paid,  
enter -0-.)

**(d) Contributions to employee benefit plans & deferred compensation**

(e) Expense account and other allowances

See attachment #5

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. UT		
42a	The organization's books are in care of See attachment #6 Telephone no. Located at ZIP + 4		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** ☐ **47** ☒
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☒
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐
- b** If "Yes," was the related organization a section 527 organization? **49b** ☒
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

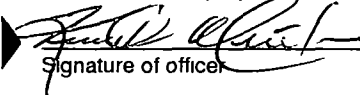
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #7				

**f** Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
See attachment #8		

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer	8-2-10 Date	
	Kenneth R Cutler Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>NONPAID PREPARER</b>	Date 08-02-2010	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Kenneth R Cutler CPA 35 N Redwood Road North Salt Lake, UT 84054		Preparer's identifying no. (See instr.) EIN ▶ Phone no ▶ 801-936-6200
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;"><b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></span>		

Department of the Treasury  
Internal Revenue Service

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

## 2009

**Open to Public Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Samaritan Foundation

20-1054591

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III--Functionally integrated      d ☐ Type III--Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. . . . .
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(I)	X
(II) A family member of a person described in (i) above? . . . . .	11g(II)	X
(III) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(III)	X

#### **h** Provide the following information about the supported organization(s).

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	47,496	67,871	64,220	36,069	38,931	254,587
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	47,496	67,871	64,220	36,069	38,931	254,587
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						254,587

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....	47,496	67,871	64,220	36,069	38,931	254,587
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	236	1,896	645	2,841		5,618
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b .....	236	1,896	645	2,841		5,618
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) .....	47,732	69,767	64,865	38,910	38,931	260,205
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	97.84 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15. ....	16	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	2 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3 % support tests -- 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public Inspection

For Calendar year 2009, or tax year period beginning 04-01-2009

and ending 03-31-2010

Name of Organization

Samaritan Foundation

**Employer Identification Number**  
20-1054591

Total
Publicly traded securities



# SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.
Name of Organization Samaritan Foundation	Employer Identification Number 20-1054591

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
note receivable	10,525	9,625	
Totals	10,525	9,625	

Schedule of Grants and Similar Amounts Paid

Attachment 1: page 1 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2009, or tax year period beginning 4-01-2009 and ending 3-31-2010		
Name of Organization		Employer Identification Number		
The Samaritan Foundation		20-1054591		
Class of Activity	Recipient's Name and Address	Amount	Purpose of Payment to Affiliate	
Charitable contribution	Alder, Stoney Las Vegas, Nevada	15,121		
Charitable contribution	Beyeler, Amy West Valley City, UT	3,951		
Charitable Contribution	Burton, Dustin & Tammy Superior, Colorado	2,765		
Charitable Contribution	Good, Diana Salt Lake City, Utah	1,000		
		22,837		
Relationship	Description of Property	Book Value	How Book Value is Determined	Date of Gift
None	Cash	15,121	How FMV is Determined	
None	Cash	3,951		
None	Cash	2,765		
None	Cash	1,000		
Total		22,837		

Schedule of Grants and Similar Amounts Paid

Attachment 1, page 2 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2009, or tax year period beginning 4-01-2009 and ending 3-31-2010		
Name of Organization		Employer Identification Number		
The Samaritan Foundation		20-1054591		
Class of Activity	Recipient's Name and Address	Amount	Purpose of Payment to Affiliate	
Charitable contribution	Guatavai Bountiful, Utah	1,800		
Charitable contribution	Hillier/Larson San Diego, California	1,000		
Charitable Contribution	Ketchum, Christopher Centerville, Utah	9,295		
Charitable Contribution	Linnley, Scott	500		
		12,595		
Relationship	Description of Property	Book Value	How Book Value is Determined	Date of Gift
None	Cash	1,800	How FMV is Determined	
None	Cash	1,000		
None	Cash	9,295		
None	Cash	500		
Total		12,595		

Schedule of Grants and Similar Amounts Paid  
 Attachment 1: page 3 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2009, or tax year period beginning 4-01-2009 and ending 3-31-2010			
Name of Organization		Employer Identification Number			
The Samaritan Foundation		20-1054591			
Class of Activity	Recipient's Name and Address	Amount	Purpose of Payment to Affiliate		
Charitable contribution	Shades, Nicki	1,500			
Charitable contribution	Sigma Gamma Chi-Scholarship Fund Salt Lake City, Utah	500			
Charitable contribution	Sub for Santa Salt Lake City, Utah	1,500			
Charitable contribution					
		3,500			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	1,500			
None	Cash	500			
None	Cash	1,500			
Total		3,500			

## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01, and ending 03-31-2010.
Name of Organization Samaritan Foundation	Employer Identification Number 20-1054591

### Primary Purpose

many people were helped with expenses they were unable to take care of on their own.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.			
Name of Organization Samaritan Foundation			Employer Identification Number 20-1054591	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
Kenneth R. Cutler 284 S. 1375 E Bountiful, UT 84010	President 0.00	0	0	0
Lois H Cutler 284 S 1375 E Bountiful, UT 84010	Trustee	0	0	0
Lowell L Leishman 1189 E 1650 S Bountiful, UT 84010	trustee	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01, and ending 03-31-2010.
Name of Organization Samaritan Foundation	Employer Identification Number 20-1054591
Part V - Line 42a	

Individual Name .. . The Samaritan Foundation  
or  
Business Name

Street Address ..... 35 North Redwood Road

U.S. Address

Zip code 84054 City North Salt Lake State UT

or  
Foreign Address

City .. .

Province or State ...

Country .. .

Postal code .. .

Phone Number .. . (801) 936-6200

Fax Number .. . (801) 936-1330

Attachment 7: page 1 Schedule A Page 1, Part I

## Inspection

**For calendar year 2009 or tax period beginning** 04-01-2009, and ending 03-31-2010.

Samaritan Foundation

20-1054591

**Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees**

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
<p>none</p>		<p>0</p>	<p>0</p>	<p>0</p>



## FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 8: page 1 Form 990-EZ Page 4, Part VI

For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.

Name of Organization

Samaritan Foundation

Employer Identification Number

20-1054591

### Part VI Five Highest Compensated Independent Contractors

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		0