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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

			year, or tax year beginning APRIL 01 , 2010, and ending MARCH	<u> ユエ</u>	, 20 ⊥⊥
В	Check if applicable	•	C Name of organization D Emp	loyer Ide	ntification number
	Address o		SAMARITAN FOUNDATION		20-1054591
Н	Name cha	-		phone nur	
	nitial retu	orn	[
Π.	Terminate	ed .	35 NORTH REDWOOD ROAD		1)936-6200
	Amended			p Exempt	ion
ئلا	Application of the second in t	on 		ber	<u> </u>
		ing Method:		j if organi	zation is not required
		·		Schedule E	3 (Form 990, 990-EZ,
Ĩ.	Tax-exe	empt status (ch	eck only one) X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 Or 990-PF	·)	
K	Check	If the organ	nization is not a section 509(a)(3) supporting organization and its gross receipts are norm	naily not n	nore than \$50,000. A
1	Form 99	00-EZ or Form	990 return is not required though Form 990-N (e-postcard) may be required (see instruc	tions). But	if the organization
	chooses	to file a return	be sure to file a complete return.		
L	Add line	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or		
	ıf total a	assets (Part II, li	ne 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	▶\$	83,499
_	art I		Expenses, and Changes in Net Assets or Fund Balances (see the in		
<u> </u>		-	organization used Schedule O to respond to any question in this Part I		· _
	1		s, gifts, grants, and similar amounts received	1	83,939
_	2		vice revenue including government fees and contracts		
<u>Z</u>	3	•	dues and assessments	3	
7	4	-	ncome	4	-440
6	5a		nt from sale of assets other than inventory	` 	
==	1 .		other basis and sales expenses	-	
			Trong sale and sales expenses	5c	
3.5	6	Gampanard	fundraising events [2]	. 30	
			e from gaming (attack schedule G if greater than		
	į °	180			
雾	<u> </u>			-	
SCANNED	'		in the state of line 1) (attach Schedule G if the		
SC			gress income and contributions exceed \$15,000) 6b		
-			expenses from gaming and fundraising events 6c	1	
	1		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7	
				6d	
	72	•	of inventory, less returns and allowances 7a		
			goods sold	-	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		le (describe in Schedule O)	8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	·	83,499
	10		similar amounts paid (list in Schedule O)		85,793
	144		I to or for members		
)	12		er compensation, and employee benefits		
į	13		fees and other payments to independent contractors		
; ;	13		rent, utilities, and maintenance	14	
,					50
Ş			ese (describe in Schodule O)		50
	16		ses (describe in Schedule O)	16	05 042
_	17			17	85,843
	A 18		eficit) for the year (Subtract line 17 from line 9)	. 18	-2,344
Ñ	A S 19 S E		r fund balances at beginning of year (from line 27, column (A)) (must agree with	1.	50.00 5
N E T		-	figure reported on prior year's return)	19	58,203
•	T 20		es in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20	21	55,859

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

	Check if the organization used Schedule O to respond to any question in this Part V			. [
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
34	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			1
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
0.5	(see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			Ė
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			É
а	3 The state of the			İ
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during			İ
	the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a]		ŧ
b	Did the organization file Form 1120-POL for this year?	37b		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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			É
39	Section 501(c)(7) organizations Enter.			É
а	Initiation fees and capital contributions included on line 9		•	ĺ
þ	Gross receipts, included on line 9, for public use of club facilities		1	Ė
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			į
	section 4911 ▶; section 4912 ▶; section 4955 ▶		į	ĺ
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction			É
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			ĺ
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	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			Ė
	4912, 4955, and 4958		ł	ĺ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			Ė
	reimbursed by the organization		1	į
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			Ė
	transaction? If "Yes," complete Form 8886-T	40e	Ī	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 #3 Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		Х
	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		-	į
	and Financial Accounts.			ĺ
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			_
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	Ī	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			_ _
	of Form 990-EZ	44b	İ	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in			
	Schedule O	44d	ŀ	X

orm 990-EZ	(2010) SAMARITAN FO	UNDATION 20	-105459	<u> </u>				age 4
p l	- عندان الحالات المساوم ما الحاج الموسود الحاج ال	of the granum-time water	un the meseum	of costs	E40/h)/40)0		Yes	No
	elated organization a controlled entity	=	_			45	 	X
	organization receive any payment fro				•			Ė
	ning of section 512(b)(13)? If "Yes,"							
	• • • • • • • • • • • • • • • • • • • •						ļ.,	X
	organization engage, directly or indir		•		• •		1	١.,
111 111 111	c office? If "Yes," complete Schedul		40.47(=)(4)			46		X
Part VI	Section 501(c)(3) organiza				-	-		
	501(c)(3) organizations and sectio	n 4947(a)(1) nonexempt	charitable trust	ts must an	swer questions 47-49b a	ind 52, and	comp	lete
	the tables for lines 50 and 51							_
	Check if the organization used Sc	hedule O to respond to	any question in	this Part \	<u>// </u>	<u></u>	150	
						<u></u>	Yes	No
	organization engage in lobbying acti						<u> </u>	X
	ganization a school as described in		· · · · · · · · · · · · · · · · · · ·					X
	organization make any transfers to a		_				<u> </u>	X
	was the related organization a secti						<u> </u>	X
•	te this table for the organization's five	•			•	and key en	nployee	3S)
who ead	ch received more than \$100,000 of c	ompensation from the o	rganization If the	nere is nor	ne, enter "None"			
(a) Name	and address of each employee	(b) Title and average hours per week	(c) Compe	nsation	(d) Contributions to employee benefit plans &		xpense unt and	
	aid more than \$100,000	devoted to position	ļ		deferred compensation		llowance	35
SEE ATT	ACHMENT #4							
			<u> </u>					
			1					
			1					
(a) Nam	nsation from the organization If there is and address of each independent ACHMENT #5	·········	an \$100,000	(b)	Type of service	(c) Comp	oensatı	on
				 		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		 				
d Total nu	umber of other independent contract	tors each receiving over	\$100,000					
	organization complete Schedule A?	•		· · ·	7(a)(1)			
	mpt charitable trusts must attach a c					. ▶ 🗆 🗸	es X	No
Under penalti	es of perjury, I declare that I have ex	camined this return, inclu	iding accompai	nyina sche	edules and statements ar	nd to the be	est of r	ηγ
knowledge ar any knowledg	nd belief, it is true, correct, and comp	plete. Declaration of prep	arer (other thai	n officer) is	s based on all information	of which p	orepare	er has
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Sign	Signature of officer	ues-			l Dat	<u> </u>		
Here	KENNETH R CUTLE	סיב	т	'RUSTE		le		
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	Type or print name and title	Tour		<u> </u>		F-1		
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Preparer	Firm's name ► KENNETH		<i>P</i>		Firm's EIN ▶			
Use Only		OWOOD ROAD			Phone no		_	
	NORTH SALT LAKE U	Γ 84054			801-936-6	5200		
May the IRS	discuss this return with the preparer	shown above? See instr	uctions .			► Y	es X	No
JVA 10 9	990EZ4 TWF 41826 Copyright Fo	rms (Software Only) - 2010 T	w			Form 990	-EZ (2010

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Open to Public Inspection

Part I Re The organization 1 A churc 2 A school 3 A hospit 4 A medic city, and 5 An orga 170(b)(1 6 A feder 7 An orga section 8 A comm 9 X An orga receipts support acquire 10 An orga purpose 509(a)(3 a T e By chec	is not a private four h, convention of child described in sectal or a cooperative cal research organical state. Inization operated in state. Inization operated in state, or local goal in state, or local goal inization that normal in 170(b)(1)(A)(vI). (Inunity trust describe in state in the theory in strom activities related by the organization organization organization organization organizations of one or more particularly in the control of the contr	lic Charity Indation becomerches, or a Idon 170(b)(1) In hospital services Idon the benefic Part II.) Invernment of ally receives Indeed in section ally receives Intent income on after Junion and operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal operate Indianal Ind	y Status (All organicause it is: (For lines 1 association of churche 1)(A)(II). (Attach Sche rvice organization desided in conjunction with fit of a college or university of a substantial part of it as a substantial part of it art II) n 170(b)(1)(A)(vI). (College or university) e and unrelated busines and unrelated busines and unrelated busines and exclusively to test feed exclusively for the	through 1 as describe dule E.) cribed in s th a hospita ersity owner escribed in ts support omplete Pa a % of its si ect to certa ess taxable on 509(a)(3)	1, check of the control of the contr	nly one bo on 170(b)(70(b)(1)(A)(a) at a section ated by a contributions, and (2 less section ete Part III	.) See inst x.) 1)(A)(I). (III). on 170(b)(government A)(v). unit or from ions, mem 2) no more in 511 tax))	ntal unit de m the ger abership fe than 33 the	Enter the escribed in eral publices, and girls % of it nesses	n sections descriptions descriptions descriptions descriptions descriptions descriptions description d	on
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6 A federa 7 An orga section 8 A comm 9 X An orga receipts support acquire 10 An orga purpose 509(a)(; a T e By chec	al, state, or local go anization that norm. 170(b)(1)(A)(vI). (anunity trust describ anization that norm is from activities rela- tifom gross investing d by the organization anization organized anization organized es of one or more pago.	overnment of ally receives. Complete Pa ed in section ally receives. Ited to its exi- ment income on after Junionard operate and operate	a substantial part of the art II) n 170(b)(1)(A)(vI). (Color in a color in	ts support complete Pa which of its si ect to certa ess taxable con 509(a)(3) for public s	from a government of the property of the prope	m contribut ons, and (2 ess section ete Part III	unit or from the unit or from the unit or from the unit or from the unit of the unit of the unit of the unit or from the unit	bership fe than 33 t from busir	ees, and g 1/3 % of it nesses	gross Is	ribed in
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section 8	nanty trust describe anization that norm activities relations investing the organization organiz	Complete Page of in section ally receives, ited to its eximent income on after June and operate and operate	art II) n 170(b)(1)(A)(vI). (Co (1) more than 33 1/3 empt functions—subject and unrelated busines e 30, 1975. See sections ed exclusively to test f	omplete Pa 3 % of its si ect to certa ess taxable on 509(a)(3	art II.) upport from ain exception e income (ii 2), (Comple	m contribut ons, and (2 ess section ete Part III	ions, mem 2) no more 1 511 tax)) 09(a)(4).	bership fe than 33 t from busir	ees, and g 1/3 % of it nesses	gross Is	
9 An organ receipts support acquire 10 An organ purpose 509(a)(3 a T T e By check	anization that norm from activities rela from gross investi d by the organizati anization organized anization organized es of one or more i 3). Check the box	ally receives. Ited to its eximent income on after Junional and operate and operate	. (1) more than 33 1/3 empt functions—subject and unrelated busines 30, 1975. See sections described exclusively to test f	s % of its si ect to certa ess taxable on 509(a)(2 for public s	upport from ain exception income (logical). (Complessafety, See	ons, and (2 ess section ete Part III section 5	2) no more n 511 tax)) 09(a)(4) .	than 33 1 from busir	1/3 % of it	S	
receipts support acquire 10 An organic An organic purpose 509(a)(; a T e By chec	s from activities relation from gross investing the from gross investing the front ground the ground the front ground the front ground the front ground the fro	nted to its eximent income on after June and operate and operate	empt functionssubje and unrelated busine e 30, 1975. See section ed exclusively to test f	ect to certa ess taxable on 509(a)(2 for public s	ain exception in exception (legan in exception (legan in exception (legan in exception	ons, and (2 ess section ete Part III section 5	2) no more n 511 tax)) 09(a)(4) .	than 33 1 from busir	1/3 % of it	S	
support acquire 10 An orga 11 An orga purpose 509(a)(3 a T e By chec	t from gross investing the distribution of the	ment income on after Jund and operate and operate	e and unrelated busine e 30, 1975. See sectio ed exclusively to test f	ess taxable o n 509(a)(2 for public s	e income (le 2). (Comple safety. See	ess section ete Part III section 5	n 511 tax)) 09(a)(4) .	from busir	nesses		
acquire 10 An orga 11 An orga purpose 509(a)(i) a T e By chec	d by the organization organized anization organized es of one or more pages. Check the box	on after June and operate and operate	e 30, 1975. See sectio ed exclusively to test f	o n 509(a)(for public s	2). (Complease). See	ete Part III section 5) 09(a)(4).			on	
10 An orga 11 An orga purpose 509(a)(; a T e By chec	anization organized anization organized es of one or more p 3). Check the box	and operate	ed exclusively to test f	for public s	afety. See	section 5	09(a)(4).	o carry ou	ıt the	on	
11 An orga purpose 509(a)(3 a T e By chec	anization organized es of one or more i 3). Check the box	and operate	•	•	-			o carry ou	ıt the	on	
purpose 509(a)(3 a	es of one or more page 3). Check the box	•	ed exclusively for the	Delight Oi	to benonin	i tha tunctu		o cany or	a uic	on	
509(a)(3 a ☐ T e ☐ By chec	3). Check the box		ported organizations of	described i	n section 5						
e By chec	•		es the type of support								
e By chec	ype I	b Type	и	ype III-Fu	nctionally i	integrated		а∏т	ype III-Oi	ther	
			organization is not co	• •	-	_	one or mo	ப	• •		
	_	•	ers and other than on		•			-		ion	
•	1) or section 509(a					•	_				
f If the or	rganization receive	d a written d	letermination from the	IRS that it	is a Type	I. Type II o	r Type III	supporting	נ		
	ation, check this b				• • • • • • • • • • • • • • • • • • • •			, , , , , ,	<i>.</i>		Г
_	August 17, 2006, ha	s the organi	zation accepted any g	gift or conti	ribution fro	om any of t	he				_
(i) A p	erson who directly		controls, either alone	•	•		٠,		Г		Yes No
		•	y of the supported org	-					<u>, </u>	11g(l)	X
			cribed in (i) above?						<u> </u>	1g(ll)	X
		•	n described in (i) or (i	•					🛚	1g(lii)	
h Provide	the following info	mation abou	ut the supported orga	nization(s).	·	ı				т	
(I) Name of sup	ported (ii)	EIN	(III) Type of organization	(IV) Is the	organization	(V) Did you	notify the	(VI) I	s the	(vii) A	Amount of upport
organizatio						organizatioi		organizatio	n in col. (I) ed in the	SL	roddr
			above or IRC section (see Instructions))	governing	document?	of your s	upport?	U.S			
			(abo monachono))	Yes	No	Yes	No	Yes	No	1	
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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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,871	64,220	36,069	38,931	85,793	292,884
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	67,871	64,220	36,069	38,931	85,793	292,884
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			-			200 004
8	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>		<u> </u>		292,884
	etion B. Total Support lendar year (or fiscal year beginning in)	(a) 2006	(h) 0007	(a) 0000	(4) 0000	T (5) 2040	//D T-4-1
9		67,871	(b) 2007 64,220	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	07,871	64,220	36,069	38,931	85,793	292,884
10a	payments received on securities loans, rents, royalties and income from similar	1,896	645	2 941		-394	4 000
	sources	1,890	043	2,841	 	-394	4,988
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1,896	645	2,841		-394	4,988
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
12	(Explain in Part IV.)	69.767	64 965	38 010	20 021	95 200	207 972
13	•••		64,865	38,910	38,931	85,399	297,872
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		•	ax year as a sect	` , , ,	▶ [
	ction C. Computation of Public Sup	'		<u> </u>			
15	Public support percentage for 2010 (line 8, o		•			15	98.33 %
16	Public support percentage from 2009 Sched				· · <u> · · · · · · · · · · · · · · · ·</u>	16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2010 (line		•			17	1.67 %
18	Investment income percentage from 2009 S					18	%
19a							_
	not more than 33 1/3 %, check this box and			="		-	▶ 🛚
b	33 1/3 % support tests 2009. If the organs is not more than 33 1/3 %, check this bo						
20	Private foundation. If the organization did i						

Paviacal ataO	11/10/2010	12/11/2010	11/22/2010	11/11/10, 11/18/10	12/15/2010	8/26/10, 12/2/10, 12/14/10	10/05/2010	11/05/2010	12/21/10, 2/10/11	Various	11/05/2010	10/17/2010	11/09/2010	11/05/2010	0102/2010	10/01/2011	11/05/2010	10/26/2010	08/05/2010	10/26/2010	10/1/10, 11/5/10	09/27/2010	2/11/11, 3/18/11	4/7/10, 2/22/11	09/13/2010	09/13/2010	09/19/2010	11/05/2010	11/05/2010	12/21/2010	11/09/2010	10/05/2010	11/01/2010	10/05/2010	11/09/2010	Various	Various	Various	11/08/2010	09/01/2010	10/5/101	08/30/2010	09/27/2010	12/7/10, 1/5/11, 3/10/11	08/30/2010	08/30/2010	10/10/2010	Various
Description of Property	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Casil	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash
Aggregate	\$ 21,675.00									Į		\$ 1,000 00			4,000,00					1,			\$ 600 00							\$ 200 00						\$ 435 00		į						ŀ		300 00	- 1	\$ 28,960 00 lotal \$ 83,938 53
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization SAMARITAN FOUNDATION

Employer identification number

20-1054591

ACCOUNTS RECEIVABLE

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 0 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2010 or tax period beginning 04-01 , and ending 03-31-2011

Name of Organization Employer Identification Number 20-1054591

Primary Purpose

MANY PEOPLE WERE HELPED WITH EXPENSES THEY WERE UNABLE TO TAKE CARE OF ON THEIR OWN.

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

Open to Public Inspection	For Calendar Year 2010,	or tax year pe	For Calendar Year 2010, or tax year peiod beginning 4-01-2010 and ending 3-31-2011	ending 3-31-201		
Name of Organization The Samaritan Foundation				Employer Identific 20-1054591	ation Number	
				1001001		
Class of Activity	Recipier	Recipient's Name and Address	Address	Amount	Purpose of Payment to Affiliate	Affiliate
Charitable contribution	Alder, Stoney I as Vegas Nevada			5 784		
				5		
Charitable contribution	Burgess, Autumn					
	Salt Lake City, Utah			3,400		
Charitable Contribution	Burton Tammy					
	Lafayette, Colorado			3,701		
Charitable Contribution	Case Relief Fund			500		
	Teirinan, Otair			000		
できた。 では、 では、 では、 では、 では、 では、 では、 では、	あるとは、		计图式图式图式图式图	13,385	13,385 養養器表表等等 135000	
Relationship	Description of Property	Book Value	How Book Value is Determined	How	How FMV is Determined	Date of Gift
None	Cash	5,784				
None	Cash	3,400				
None	Cash	3,701				
None	Cash	200				
	Total	13,385				

Schedule of Grants and Similar Amounts Paid Attachement 1: page 2 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

	. ୮			, 400 to 0 miles		
Open to Public Inspection	For Calendar Year 2010,	or tax year perc	For Calendar Year 2010, or tax year pelod beginning 4-01-2010 and ending 3-31-2011	102-16-6 guidh		
Name of Organization				Employer Identification Number	ation Number	
The Samaritan Foundation				20-1054591		
Class of Activity	Recipien	Recipient's Name and Address	ldress	Amount	Purpose of Payment to Affiliate	Affiliate
Charitable contribution	Dan Sloan Charitable Fund Orem, Utah	pun_		450		_
Charitable contribution	Garrisons Bountiful, Utah			1,321		
Charitable Contribution	Guadalupe School			3 600		
	סמו במהפ כיוץ, כנמו					
Charitable Contribution	Lambda Delta Sigma Salt Lake City, Utah			100		
				5,471		,
đ	Description of Property	Book Value 1	How Book Value is Determined	How	How FMV is Determined	Date of Gift
None	Cash	450				<u>.</u>
1)))	000				•••
None	Cash	 - 75¢,-				-
None	Cash	3,600				
None	Cash	100				
	Total	5,471				

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

	- cgc -1, ciri, ciri, c			700 700		
Open to Public Inspection	For Calendar Year 2010,	or tax year pe	Year 2010, or tax year pelod beginning 4-01-2010 and ending 3-31-2011	ending 3-31-201		
Name of Organization				Employer Identification Number	cation Number	
The Samaritan Foundation				20-1054591		
Class of Activity	Recipier	Recipient's Name and Address	Address	Amount	Purpose of Payment to Affiliate	Affiliate
Charitable contribution	Paul, Suzie & Josh					
	Salt Lake City, Utah			2,327		
Charitable contribution	Pratt, Steve					
	Salt Lake City, Utah			1,288		
	(
Charitable contribution	Sigma Gamma Chi Scholarship Fund Salt Lake City, Utah	holarship Fu	וחמ	1,500		
Charitable contribution	Stromberg, Mark			000		
	Bournillui, Otari			000,0		
建筑地域。			が対応に対するとは、	10,115	10,115 機能機能發展 10,110	
Relationship	Description of Property	Book Value	How Book Value is Determined	How	How FMV is Determined	Date of Gift
None	Cash	2,327				 ,
None	Cash	1,288				
None	Cash	1,500				-
None	Cash	2,000				
	Total	10,115				

Schedule of Grants and Similar Amounts Paid Attachement 1: page 4 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar Year 2010,	or tax year pe	For Calendar Year 2010, or tax year pelod beginning 4-01-2010 and ending 3-31-2011	anding 3-31-201	-	
Name of Organization	•			Employer Identific	ation Number	
The Samaritan Foundation				20-1054591		
Class of Activity	Recipier	Recipient's Name and Address	Address	Amount	Purpose of Payment to Affiliate	Affiliate
Charitable contribution	Sub For Santa					·
	Salt Lake City, Utah			1,193		
Charitable contribution	Weaver, Brent					
	Sugar Lane, Texas			55,030		
Charitable contribution	Youthline			7		
	Sait Lake City, Utan			001		
Charitable contribution	Zions Children of Haiti			004		
	west Johnan, Otali			200		
可能是是一种的一种,他们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	A CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR			56,823	いれば、自然の意思を	٠ ١ ١ ٢
Relationship	Description of Property	Book Value	How Book Value is Determined	How	How FMV is Determined	Date of Gift
None	Cash	1,193				
None	Cash	55,030				
None	Cash	100				
None	Cash	200				
	Total	56,823				

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 99	0-EZ PAGE 2,	PART IV		
OPEN TO PUBLIC		4 01 0010		
INSPECTION For calendar year 2010 or tax	period beginning 0	4-01-2010, and		
Name of Organization				ification Number
SAMARITAN FOUNDATION (A) Name and Address	(B) Title and Average	(C) Commonastion (14	20-10545	
(A) Name and Address	1	(C) Compensation (If	(D) Cont. to Employee	(E) Expense Account
KENNETH R. CUTLER	Hrs. per Week PRESIDENT	not paid, enter 0)	Ben. Plans & Def. Comp.	& Other Allowances
284 S. 1375 E	RESIDENT			
BOUNTIFUL, UT 84010		0	0	0
	TRUSTEE	Ĭ		•
284 S 1375 E				
BOUNTIFUL, UT 84010		0	o	0
	TRUSTEE			
1189 E 1650 S				
BOUNTIFUL, UT 84010		0	0	0
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990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V,	LINE 42A
OPEN TO PUBLIC INSPECTION For calendar year 2010 or tax period beginning	04-01 , and ending 03-31-2011.
Name of Organization SAMARITAN FOUNDATION	Employer Identification Number 20-1054591
Part V – Line 42a	
Individual Name or Business Name:	THE SAMARITAN FOUNDATION
Street Address	. 35 NORTH REDWOOD ROAD
U.S. Address.	
Zip code 84054 City NORTH SALT or Foreign Address	LAKE State <u>UT</u>
City	
Province or State	
Country	
Postal code ,	
Phone Number	
Fax Number	(801) 936-1330

990 FIVE HIGHEST COMPENSATED EMPLOYEES

ATTACHMENT 4: PAGE 1 SCHEDULE A PAGE 1, PART I							
OPEN TO PUBLIC							
INSPECTION For calendar year 2010 or tax period beginning 04-01-2010, and ending 03-31-2011.							
Name of Organization				Employer Identifica	ation Number		
SAMARITAN FOUNDATION 20-1054591 Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees							
	dress of Each Employee Paid More	(b) Title and Average Hours	III Trustees allu Ke	(d) Contributions to	(e) Expense		
	Than \$100,000	Per Week Devoted to Position	(c) Compensation	(d) Contributions to Empl. Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances		
NONE							
				_	_		
,			0	0	0		

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990 FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

ATTACHMENT 5: PAGE 1 FORM 990-EZ PAGE 4, PART VI						
For calendar year 2010 or tax period beginning 04 - 01 -	2010, and ending 03-31	2011				
Name of Organization	Employer Identific	L – 2011. cation Number				
SAMARITAN FOUNDATION	20-1054593					
Part VII Five Highest Compensated Independent Contractors	#\T	14.3 (0				
(a) Name and Address of Each Independent Contractor Paid More Than \$100,000 NONE	(b) Type of Service	(c) Compensation				
IVOINE						
,		0				
		1				