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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

A For the 2010 calendar year, or tax year beginning APRIL 01, 2010, and ending MARCH 31, 2011

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

SAMARITAN FOUNDATION

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

Room/  
suite

35 NORTH REDWOOD ROAD

City or town, state or country, and ZIP + 4

NORTH SALT LAKE UT 84054

D Employer identification number

20-1054591

E Telephone number

(801) 936-6200

F Group exemption

Number. ►

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

I Website: SAMARITAN-FOUNDATION.ORG

H Check ☐ if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 83,499

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

1	Contributions, gifts, grants, and similar amounts received	1	83,939
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	-440
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,499
10	Grants and similar amounts paid (list in Schedule O)	10	85,793
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	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	50
16	Other expenses (describe in Schedule O)	16	
17	<b>Total expenses.</b> Add lines 10 through 16	17	85,843
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,344
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	58,203
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	55,859

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED JUL 19 2011

RECEIVED

JUL 12 2011

OPEN, 07

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67



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)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 description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		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		
b 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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b 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 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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 #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 account)?	Yes	No
If "Yes," enter the name of the foreign country: ▶	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c 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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
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	44a	X
c Did the organization receive any payments for indoor tanning services during the year?	44b	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	44c	X
	44d	X

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 Yes No  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions) 45a X  
 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 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 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47 Yes No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 X  
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X  
 b If "Yes," was the related organization a section 527 organization? 49b X  
 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 #4				

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"

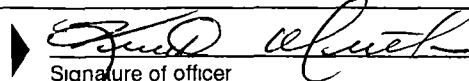
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
SEE ATTACHMENT #5		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here



Signature of officer

Date

KENNETH R CUTLER

TRUSTEE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name ▶ KENNETH R CUTLER CPA				Firm's EIN ▶
Firm's address ▶ 35 N REDWOOD ROAD				Phone no
NORTH SALT LAKE UT 84054				801-936-6200

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

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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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> 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
<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 .....	67,871	64,220	36,069	38,931	85,793	292,884
<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.) .....						292,884

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....	67,871	64,220	36,069	38,931	85,793	292,884
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,896	645	2,841		-394	4,988
<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 .....	1,896	645	2,841		-394	4,988
<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.) .....	69,767	64,865	38,910	38,931	85,399	297,872

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.33 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.67 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3 % support tests -- 2010.** 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 -- 2009.** 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 .....

Contributor's Name	Business Name	Address	City, State, Zip	Aggregate Contribution	Description of Property	Date Received
				\$ 21,675.00	Cash	11/10/2010
				\$ 5,784.00	Cash	12/11/2010
				\$ 5,325.00	Cash	11/22/2010
				\$ 5,309.53	Cash	11/11/10, 11/18/10
				\$ 5,000.00	Cash	12/15/2010
				\$ 2,825.00	Cash	8/26/10, 12/2/10, 12/14/10
				\$ 2,500.00	Cash	10/05/2010
				\$ 1,775.00	Cash	11/05/2010
				\$ 1,500.00	Cash	12/21/10, 2/10/11
				\$ 1,240.00	Cash	Various
				\$ 1,160.00	Cash	11/05/2010
				\$ 1,000.00	Cash	10/17/2010
				\$ 1,000.00	Cash	11/09/2010
				\$ 1,000.00	Cash	11/05/2010
				\$ 1,000.00	Cash	11/02/2010
				\$ 1,000.00	Cash	02/18/2011
				\$ 1,000.00	Cash	10/01/2010
				\$ 1,000.00	Cash	11/05/2010
				\$ 1,000.00	Cash	10/26/2010
				\$ 750.00	Cash	10/11/10, 11/5/10
				\$ 750.00	Cash	09/27/2010
				\$ 600.00	Cash	2/11/11, 3/18/11
				\$ 550.00	Cash	4/7/10, 2/22/11
				\$ 500.00	Cash	09/13/2010
				\$ 500.00	Cash	09/13/2010
				\$ 500.00	Cash	09/19/2010
				\$ 500.00	Cash	11/05/2010
				\$ 500.00	Cash	11/05/2010
				\$ 500.00	Cash	12/21/2010
				\$ 500.00	Cash	09/10/2010
				\$ 500.00	Cash	11/09/2010
				\$ 500.00	Cash	10/05/2010
				\$ 500.00	Cash	11/01/2010
				\$ 500.00	Cash	10/05/2010
				\$ 500.00	Cash	11/09/2010
				\$ 435.00	Cash	Various
				\$ 390.00	Cash	Various
				\$ 340.00	Cash	Various
				\$ 325.00	Cash	11/08/2010
				\$ 320.00	Cash	09/01/2010
				\$ 300.00	Cash	10/5/10
				\$ 300.00	Cash	08/30/2010
				\$ 300.00	Cash	09/27/2010
				\$ 300.00	Cash	12/7/10, 1/5/11, 3/10/11
				\$ 300.00	Cash	08/30/2010
				\$ 300.00	Cash	08/30/2010
				\$ 300.00	Cash	10/10/2010
				\$ 28,960.00	Cash	Various
				\$ 83,938.53		
Total				\$ 83,938.53		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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**

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 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.

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 2010, or tax year period beginning 4-01-2010 and ending 3-31-2011		
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	5,784		
Charitable contribution	Burgess, Autumn Salt Lake City, Utah	3,400		
Charitable Contribution	Burton, Tammy Lafayette, Colorado	3,701		
Charitable Contribution	Case Relief Fund Herriman, Utah	500		
		13,385		
Relationship	Description of Property	Book Value	How Book Value is Determined	Date of Gift
None	Cash	5,784	How FMV is Determined	
None	Cash	3,400		
None	Cash	3,701		
None	Cash	500		
Total		13,385		

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 2010, or tax year period beginning 4-01-2010 and ending 3-31-2011			
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	Dan Sloan Charitable Fund Orem, Utah		450		
Charitable contribution	Garrisons Bountiful, Utah		1,321		
Charitable Contribution	Guadalupe School Salt Lake City, Utah		3,600		
Charitable Contribution	Lambda Delta Sigma Salt Lake City, Utah		100		
			5,471		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	450			
None	Cash	1,321			
None	Cash	3,600			
None	Cash	100			
Total		5,471			

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 2010, or tax year period beginning 4-01-2010 and ending 3-31-2011			
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	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		1,500		
Charitable contribution	Stromberg, Mark Bountiful, Utah		5,000		
			10,115		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	2,327			
None	Cash	1,288			
None	Cash	1,500			
None	Cash	5,000			
Total		10,115			

Schedule of Grants and Similar Amounts Paid

Attachment 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 period beginning 4-01-2010 and ending 3-31-2011		
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	Sub For Santa Salt Lake City, Utah	1,193		
Charitable contribution	Weaver, Brent Sugar Lane, Texas	55,030		
Charitable contribution	Youthlinec Salt Lake City, Utah	100		
Charitable contribution	Zions Children of Haiti West Jordan, Utah	500		
		56,823		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined
None	Cash	1,193		
None	Cash	55,030		
None	Cash	100		
None	Cash	500		
Total		56,823		

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

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

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 ... 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



# 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 SAMARITAN FOUNDATION	Employer Identification Number 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
NONE		0	0	0

# 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

SAMARITAN FOUNDATION

Employer Identification Number

20-1054591

**Part VII 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