

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

SCANNED JAN 4 2022

03

Revenue

Expenses

Net Assets

<b>A For the 2019 calendar year, or tax year beginning</b>		<b>, 2019, and ending</b>		<b>, 20</b>																																																										
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>The Good Samaritan Service</b> Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 271111</b> City or town, state or province, country, and ZIP or foreign postal code <b>Houston, TX 77401</b>		<b>D Employer identification number</b> <b>36-4708333</b> <b>E Telephone number</b> <b>(832) 409-8888</b>																																																										
<b>G Accounting Method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				<b>H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B</b> (Form 990, 990-EZ, or 990-PF)																																																										
<b>I Website:</b> ► <a href="http://www.blessedgoodsamaritan.org2">www.blessedgoodsamaritan.org2</a>																																																														
<b>J Tax-exempt status (check only one)</b> - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																														
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																																																														
<b>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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b> . . . . . ► \$ <b>116,255</b>																																																														
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>																																																														
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For Paperwork Reduction Act Notice, see the separate instructions.  
EEA

Form 990-EZ (2019)

Q9

**Part II** Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	43,383	22	30,402
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	43,383	25	30,402
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	43,383	27	30,402

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Provide Medical & Education help in Africa

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 <u>True light society is a complete service for blind children in Minia where they stay in a dorm to learn how to live independent living and how to read</u>	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	28a	10,000
29 <u>SDCLC is a school for refugee Sudanese students in Egypt that includes elementary, preparatory and high school kids</u>	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	29a	7,000
30 <u>St Verna nursing assistant program is a one year program to teach nursing aids</u>	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	30a	3,000
31 Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	31a	See SERVICES 105,742
32 Total program service expenses (add lines 28a through 31a).		32	125,742

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Isis Gayed</u> <u>Director</u>	20.00	0	0	0
<u>Gehan Helmy</u> <u>Officer</u>	3.00	0	0	0
<u>Monica Atta</u> <u>Officer</u>	5.00	0	0	0
<u>Sally Hemaya</u> <u>Officer</u>	4.00	0	0	0
<u>Mervette El Shamma</u> <u>Officer</u>	2.00	0	0	0
<u>Christine Kaldas</u> <u>Officer</u>	2.00	0	0	0
<u>Noha Abadeer</u> <u>Officer</u>	3.00	0	0	0
<u>Halla Hanna</u> <u>Officer</u>	4.00	0	0	0
<u>Magda Sadek</u> <u>Officer</u>	3.00	0	0	0
<u>Edward Abdel Sayed</u> <u>Officer</u>	2.00	0	0	0
<u>Mary Tadros</u> <u>Officer</u>	2.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed 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 amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  34  X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a  X  
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.  35b   
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  35c  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.  36  X

37 a 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?  37b  X

38 a 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   
 c Initiation fees and capital contributions included on line 9.  39a   
 d Gross receipts, included on line 9, for public use of club facilities.  39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  40a  section 4912  40b  section 4955  40c   
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.  40d   
 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40e  X  
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization  40f   
 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  40g

41 List the states with which a copy of this return is filed  41

42 a The organization's books are in care of  42a Isis W Gayed Telephone no  832-409-8888  
 Located at  1115 Howard lane, Bellaire, TX ZIP + 4  77401

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)?  42b  X  
 If "Yes," enter the name of the foreign country  42c

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States?  42d   
 If "Yes," enter the name of the foreign country  42e

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  43   
 and enter the amount of tax-exempt interest received or accrued during the tax year.  43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44a   
 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  X  
 c 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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a  X  
 b 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 may need to be completed instead of Form 990-EZ. See instructions.  45b  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  Yes  No

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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

<b>Sign Here</b>	<div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">►</span> <div style="flex-grow: 1;"> <p>Signature of officer</p> <p><u>Isis W. Gayed</u></p> <p>Isis Gayed, Director</p> <p>Type or print name and title</p> </div> </div>	<p>Date</p> <p><u>5/15/2020</u></p>		
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name</p>	<p>Preparer's signature</p>	<p>Date</p>	<p>Check <input type="checkbox"/> if self-employed</p>
	<p>Firm's name ►</p>		<p>Firm's EIN ►</p>	
	<p>Firm's address ►</p>		<p>Phone no</p>	

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**The Good Samaritan Service**

Employer identification number

**36-4708333**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 09

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university

10  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)

11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support****Calendar year (or fiscal year beginning in) ▶**

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .

3 The value of services or facilities furnished by a governmental unit to the organization 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 . . . . .

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support****Calendar year (or fiscal year beginning in) ▶**

7 Amounts from line 4 . . . . .

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 VI.) . . . . .

11 **Total support.** Add lines 7 through 10 . . . . .

12 Gross receipts from related activities, etc. (see instructions) . . . . .

13 **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** . . . . . ▶

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7						
8						
9						
10						
11						
12					12	
13						

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2018 Schedule A/Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶

17a **10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶

b **10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	72,803	71,241	85,568	120,920	116,255	466,787
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 . . . . .						
<b>6 Total. Add lines 1 through 5 . . . . .</b>	<b>72,803</b>	<b>71,241</b>	<b>85,568</b>	<b>120,920</b>	<b>116,255</b>	<b>466,787</b>
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .</b>	<b>42,000</b>	<b>34,000</b>	<b>29,000</b>	<b>21,000</b>	<b>36,374</b>	<b>162,374</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>						
<b>c Add lines 7a and 7b . . . . .</b>	<b>42,000</b>	<b>34,000</b>	<b>29,000</b>	<b>21,000</b>	<b>36,374</b>	<b>162,374</b>
<b>8 Public support. (Subtract line 7c from line 6.) . . . . .</b>						<b>304,413</b>

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9 Amounts from line 6 . . . . .</b>	<b>72,803</b>	<b>71,241</b>	<b>85,568</b>	<b>120,920</b>	<b>116,255</b>	<b>466,787</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .</b>						
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .</b>						
<b>c Add lines 10a and 10b . . . . .</b>						
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</b>						
<b>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .</b>						
<b>13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .</b>	<b>72,803</b>	<b>71,241</b>	<b>85,568</b>	<b>120,920</b>	<b>116,255</b>	<b>466,787</b>

**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 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .</b>	<b>15</b>	<b>65.21 %</b>
<b>16 Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .</b>	<b>16</b>	<b>61.78 %</b>

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

<b>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .</b>	<b>17</b>	<b>0.00 %</b>
<b>18 Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .</b>	<b>18</b>	<b>0.00 %</b>

<b>19a 33 1/3% support tests - 2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>
<b>b 33 1/3% support tests - 2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ► <input type="checkbox"/>

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**

**Open to Public  
Inspection**

Name of the organization

The Good Samaritan Service

Employer identification number

36-7408333

**Part 3 Services that are supported by GSS during 2019**

- SDCLC is a school for refugee Sudanese students in Egypt that includes elementary, preparatory and high school kids 500-600 students(\$7,000)
- St Verna nursing assistant program is a one year program to teach nursing aids (\$3000)
- Small business projects is to help poor families start a small business for independent living and earning we supported 20 families (\$2000)
- St Mark school in Juba is for elementary and middle school is a Christian school for all levels of kids 500 students (\$10,000)
- True light society is a complete service for blind children in Minia where they learn how to live independent living and how to read (\$10 000)
- Mission Sanata in Krause for Christmas gifts for teenage development center has 60 girls in Houston, Texas (\$ 1541)
- Apex memory center and Park Manor Nursing home we give Christmas gifts total of approximately 80 person, Houston, Texas (\$ 800 )
- Construction of a building as a development center for the disabled kids to learn some self supporting skills (\$10,000)
- St Mark school in Waw is for elementary students a Christian school has almost 300 students 300 students (\$ 10,000)
- Dialysis unit supplies in St Mary Hospital in Hagganah Egypt is to offer dialysis to poor patients that cannot afford it ( \$1000)
- Houston Women shelter is a shelter for women and their children who suffer from domestic violence, we provide canned food twice a year (\$900)

