

**Good Samaritan Center**  
**108 S. Thompson**  
**Excelsior Springs, MO 64024**  
 PH: 816-630-2718 FX: (816) 637-2178  
 e-mail: goodsamcenter@sbcglobal.net

Date: 9-20-10

From: Dellonna PH: (816)630-2718, ext.# 26

TO: Teresa @ GKCCF

FAX #: 816-268-3246

Message: Form 990 For FY 2009

Please upload Form 990 & our Audit  
to our GKCCF profile.

Thank you

# of pages (including cover sheet)

39

**CLIENT'S COPY**  
OMB No. 1545-0047  
**2008**  
Open to Public Inspection

Form **990**

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- Check if applicable:
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **GOOD SAMARITAN CTR OF EXCELSIOR SPRINGS ASSOCIATION**  
Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**108 S. THOMPSON AVENUE**  
City or town, state or country, and ZIP + 4  
**EXCELSIOR SPRINGS MO 64024**

**D** Employer identification number  
**43-1526962**  
**E** Telephone number  
**816-630-2718**  
**G** Gross receipts \$ **735,058**  
**H(a)** Is this a group return for affiliates? Yes  No   
**H(b)** Are all affiliates included? Yes  No   
If "No," attach a list. (see instructions)

**F** Name and address of principal officer:  
**AMBROSE BUCKMAN**  
**2006 E NORMA COURT**  
**EXCELSIOR SPRINGS MO 64024**

**I** Tax-exempt status:  501(c) ( **3** ) (insert no.) 4947(a)(1) or 527

**J** Website: **GOODSAMARITANCENTER.COM**

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1989** **M** State of legal domicile: **MO**

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DEDICATED TO PREVENTING HUNGER AND HOMELESSNESS BY PROVIDING BASIC LIFE NEEDS AND ACCESS TO LIFE SKILLS.</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>125</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>253,476</b>	<b>547,609</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>95,464</b>	<b>159,900</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,721</b>	<b>3,288</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,865</b>	<b>21,838</b>
		<b>363,526</b>	<b>732,635</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>203,756</b>	<b>210,194</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>7,773</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>186,977</b>	<b>540,739</b>
<b>18</b> Total expenses. Add lines 13-17. (must equal Part IX, column (A), line 25)	<b>390,733</b>	<b>750,933</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-27,207</b>	<b>-18,298</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>495,285</b>	<b>478,128</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>800</b>	<b>1,941</b>
	<b>494,485</b>	<b>476,187</b>	

**Part II Signature Block**

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 \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

**Preparer's Use Only**  
Preparer's signature **BRADLY A. BROADBENT** Date **2/02/10** Check if self-employed  Preparer's identifying number (see instructions) **P00112303**  
Firm's name (or yours if self-employed), address, and ZIP + 4 **BROADBENT, HOUTS & CO., P.C.** EIN **43-1612939**  
**1600 RAINBOW BOULEVARD** Phone no. **816-630-3894**  
**EXCELSIOR SPRINGS, MO 64024**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**DEDICATED TO PREVENTING HUNGER AND HOMELESSNESS BY PROVIDING BASIC LIFE NEEDS AND ACCESS TO LIFE SKILLS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **210,680** including grants of \$ ) (Revenue \$ )

**GSC PROVIDES ASSISTANCE TO EXCELSIOR SPRINGS AND THE SURROUNDING RURAL COMMUNITIES. FAMILIES AND INDIVIDUALS ARE HELPED WITH FOOD, SHELTER, UTILITIES, TRANSPORTATION, HOUSEHOLD AND MEDICAL NEEDS. CASEWORKERS ARE ALSO ENGAGED IN HELPING CLIENTS FIND CAUSES, AS WELL AS A SOLUTION TO THEIR DISTRESS. THE GOAL IS TO ENCOURAGE AND TO URGE PARTICIPANTS TOWARD SELF-AWARENESS. CASEWORKERS ASSIST WITH BUDGETING, COOKING AND PARENTING AS NEEDED. REFERRALS TO APPROPRIATE PROGRAMS AND ORGANIZATIONS ARE AN IMPORTANT PART OF THE CENTER'S ASSISTANCE TO PEOPLE IN TROUBLE.**

4b (Code: ) (Expenses \$ **119,073** including grants of \$ ) (Revenue \$ )

**PROVIDE LOW OR NO COST CLOTHING AND HOUSEHOLD GOODS TO NEEDY. MOST ITEMS ARE DONATED.**

4c (Code: ) (Expenses \$ **21,282** including grants of \$ ) (Revenue \$ )

**PROVIDE TRANSITIONAL HOUSING AT NO COST TO NEEDY FAMILIES.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **320,119** including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ \$ **671,154** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2. Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4. <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5. <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
6. Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10. Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
12. Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a. Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
14b. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
15. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<input checked="" type="checkbox"/>
16. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<input checked="" type="checkbox"/>
17. Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18. Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
19. Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20. Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
21. Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
22. Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23. Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<input checked="" type="checkbox"/>
24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		<input checked="" type="checkbox"/>
24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a. <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
25b. Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>

**Part IV Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
		1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
		1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>Organizations that may receive deductible contributions under section 170(c).</b>	6b	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	17	
b	Enter the number of voting members that are independent	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **BROADBENT, HOUTS & CO PC** **1600 RAINBOW BLVD.**

**EXCELSIOR SPGS****MO 64024****816-630-3894**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALICE CASEY DIRECTOR	1	X						0	0	0
MARLENE O'DELL DIRECTOR	1	X						0	0	0
MARRY TESAR DIRECTOR	1	X						0	0	0
WILLIE SMITH DIRECTOR	1	X						0	0	0
NORMA GORSETT DIRECTOR	2	X						0	0	0
LARRY JANACARO DIRECTOR	1	X						0	0	0
ERNEST SMITH DIRECTOR	1	X						0	0	0
GERI HOSTICKA DIRECTOR	1	X						0	0	0
MARTIN CONRAD DIRECTOR	1	X						0	0	0
SHANNON IVIE DIRECTOR	1	X						0	0	0
STEVE MEYER DIRECTOR	1	X						0	0	0
RON BREWITT DIRECTOR	1	X						0	0	0
EARTHA TAYLOR DIRECTOR	1	X						0	0	0
CAROLYN SCHUTTE PRESIDENT	3	X		X				0	0	0
AMBROSE BUCKMAN VICE-PRES	2	X		X				0	0	0
LAWNA MULL SECRETARY	1	X		X				0	0	0
KELLI RICE TREASURER	1	X		X				0	0	0





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)	71,419				
	1f	All other contributions, gifts, grants, and similar amounts not included above	476,190				
	g	Noncash contributions included in lines 1a-1f: \$	314,606				
	h	<b>Total. Add lines 1a-1f</b>	<b>547,609</b>				
<b>Program Service Revenue</b>	2a	THRIFT SHOPS	145,569			145,569	
	b	CONCESSIONS	7,290			7,290	
	c	SPACE USED BY OTHERS	7,041			7,041	
	d						
	e						
	f	All other program service revenue					
	g	<b>Total. Add lines 2a-2f</b>	<b>159,900</b>				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)	3,288			3,288	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a		(i) Real				
			(ii) Personal				
		b	Gross Rents				
		c	Less: rental exps.				
	d	Net rental income or (loss)					
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory				
		c	Less: cost or other basis & sales exps.				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	24,261				
	b	Less: direct expenses	2,423				
c	Net income or (loss) from fundraising events	21,838			21,838		
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>			<b>Busn. Code</b>				
11a							
b							
c							
d	All other revenue						
e	<b>Total. Add lines 11a-11d</b>						
12	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>		<b>732,635</b>	<b>0</b>	<b>0</b>	<b>185,026</b>	

Form 990 (2008)

GOOD SAMARITAN CTR OF EXCELSIOR

43-1526962

Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	176,741	121,919	54,822	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,546	12,739	6,807	
10 Payroll taxes	13,907	9,717	4,190	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,187		6,187	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	80,497	80,497		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,239	1,239		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,954	15,954		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COGS	355,628	355,628		
b HOUSING - SENIOR PROGRAM	15,589	15,589		
c HOUSING-EMERGENCY ASSIST.	12,091	12,091		
d FOOD ASSISTANCE - CLIENTS	7,745	7,745		
e TRANSPORT ASSIST-CLIENTS	6,684	6,684		
f All other expenses	39,125	31,352		7,773
25 Total functional expenses. Add lines 1 through 24f	750,933	671,154	72,006	7,773
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	130	207
	2 Savings and temporary cash investments	116,313	110,949
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges		
	10a Land, buildings, and equipment: cost basis	479,064	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	112,327	
	11 Investments—publicly traded securities	378,607	366,737
	12 Investments—other securities. See Part IV, line 11	100	100
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11	135	135
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>495,285</b>	<b>478,128</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow account liability. Complete Part IV of Schedule D		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable		
	25 Other liabilities. Complete Part X of Schedule D	800	1,941
	26 <b>Total liabilities.</b> Add lines 17 through 25	<b>800</b>	<b>1,941</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		
	28 Temporarily restricted net assets		
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds	494,485	476,187
33 <b>Total net assets or fund balances</b>	<b>494,485</b>	<b>476,187</b>	
34 <b>Total liabilities and net assets/fund balances</b>	<b>495,285</b>	<b>478,128</b>	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3a		
b If "Yes," did the organization undergo the required audit or audits?		
3b		

SCHEDULE A Form 990 or 990-EZ

Public Charity Status and Public Support

OMB No. 1545-0047

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury Internal Revenue Service

Name of the organization GOOD SAMARITAN CTR OF EXCELSIOR SPRINGS ASSOCIATION

Employer identification number 43-1526962

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 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). (Attach Schedule H.)
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 [X] 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...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
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
[ ] 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, 2008, has the organization accepted any gift or contribution from any of the following persons?

- (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?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

**Part III 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	280,999	135,718	218,207	253,476	240,044	1,128,444
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 <b>Total.</b> Add lines 1-3	280,999	135,718	218,207	253,476	240,044	1,128,444
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)						115,652
6 <b>Public support.</b> Subtract line 5 from line 4						1,012,792

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	280,999	135,718	218,207	253,476	240,044	1,128,444
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,888	5,517	4,523	3,721	3,288	19,937
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						1,148,381
12 Gross receipts from related activities, etc. (see instructions)					12	533,850
13 <b>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 stop here. <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.1930 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	82.5074 %
16a <b>33 1/3 % support test—2008.</b> 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 <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2007.</b> 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 <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18%.

33 1/3 % support tests—2008. 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—2007. 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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dotted lines for supplemental information.



SCHEDULE D Form 990

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

of the organization

GOOD SAMARITAN CTR OF EXCELSIOR SPRINGS ASSOCIATION

Employer identification number

43-1526962

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds control and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Year (2a-2d). Rows include purpose(s) of conservation easements, total number and acreage, and monitoring/enforcement details.

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

Table with 3 columns: Question, Amount. Rows include questions about reporting art/historical treasures and amounts for revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
  - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		479,064	112,327	366,737
<b>Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)</b>				<b>366,737</b>





**Part XIV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<b>GOLF TOURNAMENT</b>	<b>AUCTION, WALK/R</b>	<b>NONE</b>	(Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	13,046	11,215	24,261	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	13,046	11,215	24,261	
Direct Expenses	4	Cash prizes	2,423		2,423	
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				2,423
	9	Net income summary. Combine lines 3 and 8 in column (d)				21,838

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9	Enter the state(s) in which the organization operates gaming activities:		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- The organization's facility
- An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open To Public Inspection

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GOOD SAMARITAN CTR OF EXCELSIOR SPRINGS ASSOCIATION**

Employer identification number  
**43-1526962**

Part I	Types of Property	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		192	BASED ON VALUE SOLD
5	Clothing and household goods	X		70,332	BASED ON VALUE SOLD
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	NOT AVAILABLE	244,082	BASED ON \$1.69 PER POUND
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

**Part I** **Supplemental information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O**

(Form 990)

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GOOD SAMARITAN CTR OF EXCELSIOR  
SPRINGS ASSOCIATION**Employer identification number  
**43-1526962****FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS****IN ADDITION TO THE THREE PRIMARY ACHIEVEMENTS, GSC****PROVIDES AFTER SCHOOL EDUCATIONAL ASSISTANCE AND TUTORING****AT NO COST FOR CHILDREN. ALSO, COMMUNITY GROUPS AND****PUBLIC AGENCIES USE GSC FACILITIES TO BE MORE****ACCESSIBLE TO THE GENERAL PUBLIC.****FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990****FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND RECORDED IN THE MINUTES****OF THE MEETING.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****CONFLICTS OF INTEREST ARE REFERENCED IN THE BOARD POLICY AND REVIEWED AT****MOST BOARD MEETINGS.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****THE EVALUATION OF THE EXECUTIVE DIRECTOR IS SET FORTH IN THE BOARD OF****DIRECTORS POLICY HANDBOOK AND IS COMPLETED EACH YEAR IN OCTOBER BY THE****BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE UNDER THE DIRECTIVE OF THE****BOARD OF DIRECTORS MEETS WITH THE EXECUTIVE DIRECTOR AND REVIEWS THE****EVALUATION AND SETS THE SALARY FOR THE EXECUTIVE DIRECTOR FOR THE FOLLOWING****YEAR.****FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS****THE EVALUATION OF OTHER OFFICERS AND KEY EMPLOYEES IS SET FORTH IN THE**

Name of the organization

GOOD SAMARITAN CTR OF EXCELSIOR

Employer identification number

43-1526962

BOARD OF DIRECTORS HANDBOOK AND IS COMPLETED EACH YEAR BY THE BOARD OF DIRECTORS.

Form **4562**  
Department of the Treasury  
Internal Revenue Service

### Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

**2008**

Attachment  
Sequence No. **67**

(s) shown on return **GOOD SAMARITAN CTR OF EXCELSTOR  
SPRINGS ASSOCIATION** Identifying number  
**43-1526962**

Business or activity to which this form relates  
**THRIFT SHOPS**

#### Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

#### Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		17	<b>120</b>
17	MACRS deductions for assets placed in service in tax years beginning before 2008		
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see Instr.	22	<b>120</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

**THERE ARE NO AMOUNTS FOR PAGE 2**

Form **4562**

**Depreciation and Amortization** SEE STMT  
(Including Information on Listed Property)

OMB No. 1545-0172

**2008**

Attachment Sequence No. **67**

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

(s) shown on return

**GOOD SAMARITAN CTR OF EXCELSIOR  
SPRINGS ASSOCIATION**

Identifying number  
**43-1526962**

Business or activity to which this form relates  
**EMERGENCY ASSISTANCE**

**Part I Election To Expense Certain Property Under Section 179**  
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,662
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	46

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	9,504
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		825	5.0	HY	S/L	83
c 7-year property		836	7.0	HY	S/L	60
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	8/13/08	760	39 yrs.	MM	S/L	17
				MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	11,372
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2008)

**THERE ARE NO AMOUNTS FOR PAGE 2**

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

**GOOD SAMARITAN CTR OF EXCELSIOR  
SPRINGS ASSOCIATION**

**43-1526962**

**Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received**

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the Instructions.

Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12	
13	Adjusted basis of other property given up	13	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	
Caution: If the property given up was used previously or partly as a home, see Property used as home in the Instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	
16	FMV of like-kind property you received	16	
17	Add lines 15 and 16	17	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18	1,650
19	Realized gain or (loss). Subtract line 18 from line 17	19	-1,650
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21	-1,650
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	1,650
23	Recognized gain. Add lines 21 and 22	23	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see Instructions	24	-1,650
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	1,650

**Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales**

Note: This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property		
28	Description of replacement property		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property (see Instructions)	30	
31	Basis of divested property	31	
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date of sale	33	
34	Subtract line 33 from line 30. If zero or less, enter -0-	34	0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36	0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Form **8868**

(Rev. April 2008)

Department of the Treasury  
Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box   
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>GOOD SAMARITAN CTR OF EXCELSIOR SPRINGS ASSOCIATION</b>	Employer identification number <b>43-1526962</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>108 S. THOMPSON AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EXCELSIOR SPRINGS MO 64024</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

The books are in the care of ▶ **BROADBENT, HOUTS & CO PC**

Telephone No. ▶ **816-630-3894** FAX No. ▶

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/16/10** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **7/01/08** and ending **6/30/09**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)





Description	Date In Service	Cost	Bus Sec %	179 Bonus	Basis for Depr	Per Conv Meth
<b>Prior MACRS:</b>						
40 WHIRLPOOL WASHER - BB	12/03/03	350			350	7 HY S/L
44 FRESH AIR MACHINE - BB	3/31/04	490			490	7 HY S/L
		<u>840</u>			<u>840</u>	
<b>Grand Totals</b>		840			840	
Less: Dispositions		0			0	
Less: Start-up/Org Expense		0			0	
<b>Net Grand Totals</b>		<u>840</u>			<u>840</u>	

# EMERGENCY ASSISTANCE

et	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior
<b>5-year GDS Property:</b>									
71	Copier - Received in trade for asset # 39	3/24/09	1,650			X	825	5 HY S/L	0
			1,650				825		0
<b>7-year GDS Property:</b>									
66	Shelves - assembly	4/14/09	800			X	400	7 HY S/L	0
67	Cash register	8/21/08	323			X	161	7 HY S/L	0
68	21 CU FT Freezer	12/05/08	550			X	275	7 HY S/L	0
			1,673				836		0
<b>Non-Residential Real Property:</b>									
70	Sign - outdoor - BF	8/13/08	760				760	39 MMS/L	0
			760				760		0
<b>Prior MACRS:</b>									
24	REFRIGERATOR COOLER	3/25/99	2,000				2,000	7 HY S/L	2,000
25	AIR CONDITIONING UNIT	3/15/00	616				616	7 HY S/L	616
26	FREEZER	11/27/00	359				359	7 HY S/L	359
27	SDA COMPUTER	5/17/01	724				724	3 HY S/L	724
28	SDA COMPUTER	5/17/01	724				724	3 HY S/L	724
29	SDA COMPUTER	5/17/01	724				724	3 HY S/L	724
30	SDA COMPUTER	5/17/01	724				724	3 HY S/L	724
31	DIGITAL CAMERA	6/12/01	606				606	3 HY S/L	606
32	SDA COMPUTER	8/20/01	724				724	3 HY S/L	724
36	GIBSON UPRIGHT FREEZER	3/13/03	400				400	7 HY S/L	400
37	SDA TECH - COMPUTER PROGRAM	8/25/03	480				480	5 HY S/L	480
9	ROYAL COPIER (USED)	11/05/03	2,150				2,150	5 HY S/L	2,150
Traded: 3/24/09									
42	WHIRLPOOL WASHER - CTR	12/03/03	340				340	7 HY S/L	243
43	1999 GMC VAN (DONATED)	8/31/03	9,500				9,500	5 HY S/L	9,500
45	BUILDING - 108 THOMPSON	4/15/05	228,713				228,713	39 MMS/L	18,815
46	25 CU FT FREEZER	5/10/05	400				400	5 MO S/L	273
49	5 TON CONDENSOR - KC	9/21/05	1,460				1,460	39 MMS/L	102
50	PLASTIC RAILINGS	5/01/06	1,975				1,975	39 MMS/L	105
51	LIGHTING FIXTURES	5/04/06	636				636	39 MMS/L	34
52	COMPUTER & PRINTER	10/12/05	390				390	5 HY S/L	195
53	SECURITY BARS	9/01/05	1,374				1,374	39 MMS/L	96
54	CONFERENCE TABLE	5/05/06	1,000				1,000	7 HY S/L	1,071
55	2 ea CIRCULAR TABLES	5/05/06	500				500	7 HY S/L	357
56	11 ea ROLLING CHAIRS	2/15/07	41,554				41,554	39 MMS/L	536
57	CUBES	1/02/07	512				512	7 HY S/L	179
58	NEW ROOF - CENTER	3/15/07	3,324				3,324	5 HY S/L	1,428
59	32 ea Chairs (Nance's Super)	6/23/08	847				847	7 HY S/L	110
60	5 ea Computers	4/11/08	2,890				2,890	7 HY S/L	997
61	Loading zone sidewalk	2/14/08	350				350	7 HY S/L	60
62	Telephone system	5/06/08	899				899	39 MMS/L	206
63	Eden Pure Heater EP1000XL								25
64	New airconditioners - Insurance Co								3
			311,395				311,395		44,452
									9,500
<b>Other Depreciation:</b>									
2	FURNACE	4/15/99	1,767				1,767	39 MO S/L	417
7	OFFICE FURNITURE	2/25/92	275				275	7 MO S/L	275
8	CHAIRS	4/09/92	95				95	7 MO S/L	95
9	COMPUTER TABLE, CHAIR	11/05/92	124				124	7 MO S/L	124
10	METAL CABINET	10/20/94	175				175	7 MO S/L	175
13	IBM VGA	2/14/94	222				222	7 MO S/L	222
15	AIR CONDITIONER	8/30/94	525			X	525	7 MO S/L	525
6	TELEVISION	6/27/95	418			X	418	7 MO S/L	418
5	Solar Heater - Dick Kramer	10/31/08	0			X	0	HY	0

43-1526962

## Federal Asset Report EMERGENCY ASSISTANCE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		3,601			2,436		2,251	46
	<b>Total ACRS and Other Depreciation</b>		3,601			2,436		2,251	46
	<b>Grand Totals</b>		319,079			316,252		46,703	11,372
	<b>Less: Dispositions</b>		2,150			2,150		2,150	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		316,929			314,102		44,553	11,372

43-1526962

# Federal Asset Report

## TRANSITIONAL HOUSING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
4	AIR CONDITIONING UNIT	2/28/00	1,266			1,266	27 MMS/L	385	46
5	AIR CONDITIONING UNIT	2/28/00	1,266			1,266	27 MMS/L	385	46
6	AIR CONDITIONING UNIT	2/28/00	1,266			1,266	27 MMS/L	385	46
33	APPLIANCES	2/15/96	2,560			2,560	7 HY S/L	2,560	0
41	FRIGIDAIRE DRYER	12/03/03	280			280	7 HY S/L	200	40
42	TH - ROOF	6/30/05	4,914			4,914	15 MQ S/L	1,010	328
48	CARPET - APT #3	9/14/05	673			673	5 HY S/L	337	134
			<u>12,225</u>			<u>12,225</u>		<u>5,262</u>	<u>640</u>
<b>Other Depreciation:</b>									
3	GOOD SAMARITAN HOUSE	6/01/96	149,070			149,070	39 MO S/L	46,027	3,822
	<b>Total Other Depreciation</b>		<u>149,070</u>			<u>149,070</u>		<u>46,027</u>	<u>3,822</u>
	<b>Total ACRS and Other Depreciation</b>		<u>149,070</u>			<u>149,070</u>		<u>46,027</u>	<u>3,822</u>
	<b>Grand Totals</b>		161,295			161,295		51,289	4,462
	<b>Less: Dispositions</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>161,295</u>			<u>161,295</u>		<u>51,289</u>	<u>4,462</u>