Short Form Return of Organization Exempt From Income Tax

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

2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.lrs.gov/Form990EZ for instructions and the latest information.

Open to Public _inspection_

<u>A</u>	For the	2019 calenda	ır year, or tax year beginning , 2019,	and ending		, 20	
В	Check if ap	pplicable	C Name of organization		D Employ	er identification numbe	r
\square	Address ch	nange	THE GOOD SAMARITAN CENTER		84-	1090536	
╚	Name char	nge	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telepho	ne number	
	Initial return	n					
	Final return	vterminated	PO BOX 662		(97	0) 565 6424	
X	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption	
	Application	pending	CORTEZ, CO 81321	· · · · · · · · · · · · · · · · · · ·	Numbe	<u> </u>	
G	Account	ing Method	X Cash	F	I Check ►	x If the organization is no	ot
ı	Website	:: ▶ <u></u>			required to a	attach Schedule B	
J	Tax-exe	mpt status (c	check only one) - 🗶 501(c)(3) 🔲 501(c)() ◀ (insert no) 🔲 4947(a)	(1) or 527	(Form 990,	990-EZ, or 990-PF)	
K	Form of	organization	X Corporation Trust Association Oth	er			
L	Add lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total as	ssets		
(Pa	art II, colu	umn (B)) are \$. > \$ 72,	506
P	art I		e, Expenses, and Changes in Net Assetsjor Fund Ba				
			the organization used Schedule O to respond to ลักงว่าตู้และรับดัก				X
	1	Contributions	s, gifts, grants, and similar amounts received	了"你工程多量。	٠,٠٠٠	1 72,	506
	2	Program sen	vice revenue including government tees and contracts			2	
	3	Membership	dues and assessments	<i>เ</i> กรา		3	
	4	Investment in	ncome	_{នាង} ខ្ស		4	
	5a	Gross amour	nt from sale of assets other than inventory	5a			
)	b	Less cost or		And Process			
,		- "]	5c			
	6	Gaming and	fundraising events		p is	,	
ıne	a	Gross incom	e from gaming (attach Schedule G if greater than				
	ļ	\$15,000) -		6a		-	
Revenue	b	Gross incom	e from fundraising events (not including \$ of	contributions			
8		from fundrais	sing events reported on line 1) (attach Schedule G if the			•	
		sum of such	gross income and contributions exceeds \$15,000)	6b			
	ū	Less direct e	expenses from gaming and fundraising events	6c			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract			
		line 6c) · ·				6d	
	7a	Gross sales	of inventory, less returns and allowances	7a		4	
	b	Less cost of	goods sold · · · · · · · · · · · · · · · · · · ·	7b			
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · · · · · · ·		7c	
	8	Other revenu	e (describe in Schedule O)	. .		8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9 72,	506
	10	Grants and s	imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·			10	
	11		to or for members			11	
ι Λ	12	Salaries, othe	er compensation, and employee benefits	. .	[12 20,	843
Se	13	Professional	fees and other payments to independent contractors	. .		13 5,	000
Expenses	14	Occupancy, i	rent, utilities, and maintenance	. .	[14 13,	783
Ä	15		lications, postage, and shipping			15	92
	16	Other expens	ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			16 30,	636
	17	Total expens	ses. Add lines 10 through 16		▶		354
	18		eficit) for the year (Subtract line 17 from line 9) · · · · · · · · · · · · · · · · · ·				152
ests	19		r fund balances at beginning of year (from line 27, column (A)) (must agre			<u> 7 , 4 </u>	
455		end-of-year fi	gure reported on pnor year's return)			19 31,	472
Net Assets	20		es in net assets or fund balances (explain in Schedule O)		-	20 .	
z	21		fund balances at end of year Combine lines 18 through 20			21 33,	624
							$\overline{}$

	m 990-EZ	· · · · · · · · · · · · · · · · · · ·	HE GOOD SAI				84-1	090	536 Page 2
P.	art II	Balance Sheets (•				
		Check if the organ	ization used S	ichedule O te	respond to any qu	uestion in this Part	<u> </u>	<u> </u>	<u>X</u>
						1	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, sa	avings, and investments	s · · · · · · ·				30,694	22	31,978
23	Land an	d buildings					0	23	0
		ssets (descлbe in Sche					1,938	24	2,668
25	Total as	ssets · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		32,632	25	34,646
26	Total lia	abilities (describe in Sc	hedule O) · · ·			[1,160	26	1,022
		ets or fund balances	(line 27 of column	n (B) must agr	ee with line 21) · · ·		31,472	27	33,624
P	art III		•		shments (see the I		·		Expenses
		Check if the orgai	nization used :	Schedule O	to respond to any o	juestion in this Part	<u> </u>	(1200	juired for section
Wr	at is the	organization's primary e	exempt purpose?	SEE SCH	EDULE O				•
Da	coriba the	e organization's program	service accomp	dishments for	each of its three larges	hrogram services			(c)(3) and 501(c)(4)
as i	measured	d by expenses. In a clea	ar and concise m	anner, describ	e the services provided			orga	nizations, optional for rs)
		nefited, and other relevan	nt information for	each program	title				
28	SEE S	CHEDULE O							
									
									
	(Grants	\$	29,413) If this amou	int includes foreign gra	ints, check here	▶ []	28a	69,220
29									1
			<u> </u>		*				
	(Grants	\$) If this amou	int includes foreign gra	ints, check here · ·	▶ 📋	29a	
30									
		· · · · · · · · · · · · · · · · · · ·							
	(Grants	\$) If this amou	int includes foreign gra	ints check here	▶ ∐	30a	
31	Other pr	rogram services (descri	be in Schedule C	-,	• • • • • • • • • • •				
	(Grants				int includes foreign gra		▶ ∐	31a	
		rogram service expen			 			32	
P	art IV	List of Officers, Dire	ectors, Trustee:	s, and Key En	nployees (list each on	e even if not compensa	ted - see the instructio	ns for	Part IV)
		Check if the organiza	ation used Sched	lule O to respo	nd to any question in the	nis Part IV · · ·		• • •	
					(b) Average	(c) Reportable	(d) Health benefits,	1.	(e) Estimated amount of
		(a) Name and tit	ie		hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	e '	other compensation
					devoted to position	(if not paid, enter 0)	deferred compensation		
KI:	RBI VA	NUGHN		İ					
EΧ	EUTIVE	DIRECTOR			0.00	0	0		0
CA	MMY BE	EAR.						-	
PR	ESIDEN	T			0.00	<u> </u>	0		0
DI.	ANA HO	EHN							
SE	CRETAR	Y.			0.00	0	0	L	0_
KA	Y UNDE	ERWOOD							
DI:	RECTOR	.			0.00	0	0	_	0.
	NEST M								
	RECTOR			j	0.00	o	0	j	0
	TA GOR								
		SIDENT			0.00	0	0		0
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Form **990-EZ** (2019)

Form 9	990-EZ (2019) THE GOOD SAMARITAN CENTER 84-1090	536	F	age
Pai	rt 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			. 🗌
-			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			İ
••	detailed description of each activity in Schedule O	33	l I	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
36 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	••		
JU a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
	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		X
		330	<u> </u>	\vdash
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-	ļ	
	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	ļ	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	ļ		
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	 		<u> </u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ļ	X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	_		
b	Gross receipts, included on line 9, for public use of club facilities	╛		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		ĺ
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
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	40b		x
С	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 · · · · · · · · · · · · · · · · · · ·	}	!	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		,	
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	ľ	İ	
е				
•	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CO			1
	The organization's books are in care of FOUR CORNERS FINANCIAL LLC Telephone no 970-	565-2	066	
42 G	Located at ▶ 1021 N MILDRED STE C, CORTEZ, CO ZIP + 4 ▶ 81323		000	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1
	If "Yes," enter the name of the foreign country	720		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
		1		
_	Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States?	42c	=	=
С		420	<u> </u>	X
40	If "Yes," enter the name of the foreign country		_	Г
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			L
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	T
			Yes	No
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		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			===
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b	<u> </u>	Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		x
đ	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		х
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	!	7.

	•					Yes	No
	d the organization engage, directly or indirectly, in p					_	
	candidates for public office? If "Yes," complete Sc				46	<u> </u>	X
Part V			ass 47 - 40h asst 50) and annalista tha	tables fo	u linas	
	All section 501(c)(3) organizations 50 and 51	must answer questi	0115 47 - 490 and 52	z, and complete the	lables ic	1111162	,
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			. □
	Onook ii kilo organizakon adda een	oudio o to respens	to dirij quoditori irr			Yes	No
47 Di	d the organization engage in lobbying activities or h	ave a section 501(h) elect	tion in effect during the ta	x			
ye	ar? If "Yes," complete Schedule C, Part II				47	<i>,</i>]	х
48 Is	the organization a school as described in section 1	70(b)(1)(A)(ıı)? if "Yes," c	omplete Schedule E		48	3	х
49 a Di	d the organization make any transfers to an exempt	t non-charitable related or	ganization?		49	a	X
	"Yes," was the related organization a section 527 or	3			49	b	<u> </u>
	omplete this table for the organization's five highest		•	· · · · · · · · · · · · · · · · · · ·			
en	nployees) who each received more than \$100,000 of	or compensation from the	T T	1	Т		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	1 ' '	ated amou	
	(a) Marite and the or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other	compensa	ation
					<u> </u>		
NONE							
	,				 		
-					 		
					 		
	omplete this table for the organization's five highest 00,000 of compensation from the organization. If the same and business address of each independent contrast.	here is none, enter "None			(c) Compensa	ution	
NONE							
		2.22					
52 Di	tal number of other independent contractors each r d the organization complete Schedule A? Note: All s mpleted Schedule A	section 501(c)(3) organiza			▶ 🛣 Ye	es 🗆	No
	nalties of penjury, I declare that I have examined this retu						
true, corre	ect, and complete Declaration of preparer (other than o	figer) is based on all informa	ation of which preparer has a	any knowledge			
O!	KIRBI VAUGHN	and he		h/312/20	20		
Sign	Signature of officer	0	4	Daté /			
Here	KIRBI VAUGHN, EXECUTIVE D Type or print name and title	IRECTOR	-// _{\lambda}				
	Print/Type preparers name	reptrer's lioAstura	// Date	- Check 🔣 it	PTIN		
Paid	Mary Sparks	I NIME A	11-30-20		P0141	9652	
Prepar			11-30-20	Firm's EIN	F0141	, UJZ	
Use O				79 = 11.			
	Cortez CO 81321			Phone no 970-	-565-206	6	
May the	IRS discuss this return with the preparer shown ab	ove? See instructions			▼ X Ye	es 🗌	No
EEA			_ · · · · · · · · · · · · · · · · ·		Form 9	990-EZ ((2019)

Form 990-EZ (2019) THE GOOD SAMARITAN CENTER

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84-1090536

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

2019

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection,

OMB No 1545-0047

Employer identification number Name of the organization THE GOOD SAMARITAN CENTER 84-1090536 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 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) 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 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (Iv) is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E) Total

990 or 990-EZ) 2019

THE GOOD SAMARITAN CENTER

84-1090536

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

	ction A. Public Support						
Cal	endar 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						
	ınclude any "unusual grants")	87,948	47,994	44,873	37,879	72,506	291,200
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					1	
	organization without charge						
4	Total. Add lines 1 through 3	87,948	47,994	44,873	37,879	72,506	291,200
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						
	snown on line 11, column (f)						
	Public support. Subtract line 5 from line 4	•					291,200
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	87,948	47,994	44,873	37,879	72,506	291,200
8	Gross income from interest, dividends,	İ					
	payments received on securities loans,						
	rents, royalties and income from	İ	į	İ			
	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						291,200
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or	rganızatıon's fır	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(c)	(3)
	organization, check this box and stop here			. .			▶ [
Sec	ction C. Computation of Public Support	rt Percentage	9				
	Public support percentage for 2019 (line 6, c					14	100.00 %
15	Public support percentage from 2018 Sched	ule A, Part II, II	ne 14			15	100.00 %
16a	33 1/3% support test - 2019. If the organiza	ition did not ch	eck the box on	line 13, and lii	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualifie						
b	33 1/3% support test - 2018. If the organiza	ition did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	33 1/3% or more	, check
	this box and stop here. The organization qua	alifies as a pub	licly supported	l organization			▶ [
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets t			•		•	
	Part VI how the organization meets the "fact	s-and-circums	tances" test Ti	he organizatior	n qualifies as a	publicly suppo	rted
	organization						▶ [
b	10%-facts-and-circumstances test - 2018.	If the organiza	tion did not ch	eck a box on lii	ne 13, 16a, 16	b, or 17a, and lii	ne
	15 is 10% or more, and if the organization m	eets the "facts	-and-circumsta	inces" test, che	eck this box an	d stop here.	
	Explain in Part VI now the organization meet					•	liciy
	supported organization				•	•	•
18	Private foundation. If the organization did n						_
	instructions						▶ □

90 or 990-EZ) 2019 THE GOOD SAMARITAN CENTER
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support						
Cal	endar 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")						
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					1	
	organization without charge	}				}	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			•			
	received from disqualified persons		i	İ	į .		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	ĺ				1	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6) :						·
	ction B. Total Support				·		
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					!	
	royalties, and income from similar sources · ·						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		ļ				
11	Net income from unrelated business			1			
	activities not included in line 10b, whether					[
	or not the business is regularly carried on						
12	Other income Do not include gain or				-		
	loss from the sale of capital assets						
40	(Explain in Part VI)				1		· · · · · · · · · · · · · · · · · · ·
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)				He tours		-)/2)
14	First five years. If the Form 990 is for the o	•		•	-	•	· · ·
800	organization, check this box and stop here			· · · · · · · · ·			
	Rubbs support persenting for 2010 (line 8			octumen (f))		15	0/
	Public support percentage for 2019 (line 8, o		-			15	<u>%</u>
	Public support percentage from 2018 Sched			· · · · · · · · ·	• • • • • • •	16	
	tion D. Computation of Investment In			ino 12 poliumi	2 /f\\	47	0/
17 40	Investment income percentage for 2019 (line					17	<u>%</u>
	Investment income percentage from 2018 Sc					18	<u>%</u>
าษล	33 1/3% support tests - 2019. If the organiz						
L	17 is not more than 33 1/3%, check this box						
D	33 1/3% support tests - 2018. If the organization 19 to not mare than 33 1/3%, which the						
20	line 18 is not more than 33 1/3%, check this	•	_				- =
ZÜ	Private foundation. If the organization did r	not check a bo	x on line 14, 19	aa or 190, che	ck this dox and	see instruction	ns ▶ ∐

Voc No

84-1090536

Part IV . Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Support	ting Orga	inizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation If historic and continuing relationship, explain

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Dig the organization have a supported organization described in section 501(c)(4), (5), or (6)? if "Yes, answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- · 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
 - Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings)

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Par	t IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	·		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	7.00		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		f	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			-45
	controlled the organization's activities if the organization had more than one supported organization.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	·		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		_	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		===	
	significant voice in the organization's investment policies and in directing the use of the organization's	# 25 W		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	ions)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
g	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	មម លេខ	trycti	ព្រះ)
2	Activities Test Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			/ {
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			, ,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	=		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		, 	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Constitute A (1 Chill Cook Stock) 2013 INE GOOD SANIANCE IAM CENTER		02 103	0000
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov 20, 1970 (expla	ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ızatıon	s must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Frior real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			ļ
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		=	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 1		ar ·
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y integ	rated Type III supportin	g organization (see

instructions)

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Fai	Part V 1 spe in Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8							
	(provide details in Part VI) See instructions						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
			(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1							
2	Underdistributions, if any, for years prior to 2019	pape a mercane and a construction					
	(reasonable cause required - explain in Part VI) See						
	instructions .						
	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
e	From 2018	And the Company of the second	- Parameter	A CARTE SERVICE SAN LAND			
	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		,	1			
4	Distributions for 2019 from						
	Section D line 7 \$						
а	Applied to underdistributions of prior years	makeria e e e e e e e e e e e e e e e e e e e					
b	Applied to 2019 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if						
	any Subtract lines 3g and 4a from line 2 For result			[
	greater than zero, explain in Part VI See instructions						
6	Remaining underdistributions for 2019 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions	15					
7	Excess distributions carryover to 2020 Add lines 3j						
	and 4c			j			
8	Breakdown of line 7			i			
a	Excess from 2015			Ì			
b	Excess from 2016			i			
С	Excess from 2017			ĺ			
	Excess from 2018 · · · ·						
	Excess from 2019		المراجات القري البريواني				

Schedule A (For	n 990 or 990-EZ) 2019 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	inles 2, 3, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 [Onenito Public] Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE GOOD SAMARITAN CENTER 84-1090536 01. Amended return information THE FLOW THROUGH OF FUNDS RECEIVED FOR CHARITABLE ORGANIZATIONS THAT ARE NOT 501C(3)S, WAS GONE OVER WITH A FINE TOOTH COMB TO STRAIGHTEN IT OUT. THIS CONFUSION WAS CARRIED FROM PREVIOUS YEARS. THE NEW TAX PREPARER INHERITED THE MESS. A VOLUNTEER SPENT TIME SORTING OUT WHICH FUNDS WERE STILL "OWED" TO OTHER CHARITABLE ORGANIZATIONS. A \$250 AMOUNT WAS OVERPAID TO ONE ORGANIZATION. THE ISSUE WAS DISCOVERED IN 2020. DUE TO COVID, THAT ORGANIZATION DIDN'T HAVE ACTIVITY IN 2020 BUT THEY WILL BE INFORMED THAT THEY WERE OVERPAID AND FUNDS TO THEM DECREASED TO REGAIN THAT FUNDING FOR THE ORIGINAL CHARITY FILING THIS RETURN. 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT SMALL EQUIPMENT 233 OFFICE OTHER 1,288 SUPPLIES 84 INSURANCE 699 FOOD PURCHASED 25,481 PAYROLL TAXES 1,595 BANK CHARGES 122 MFC AND OTHER GARDEN-FLOW THROUGHS 1,134 03. Description of other assets (Part II, line 24) CATECORY BEGINNING OF YEAR END OF YEAR UNDEPOSITED FUNDS 610 635 OFFICE EQUIPMENT 1,328 1,783

Name of the organization	Employer Identification number	
THE GOOD SAMARITAN CENTER		84-1090536
GARDEN FLOW THROUGH OVERPAID	0	250
04. Description of total liabilities	(Part II, line 26)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
	1.100	4 000
PAYROLL TAX LIABILITIES	1,160	1,022
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