

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

▶ 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 and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GOOD SAMARITAN MINISTRIES Doing Business As		D Employer identification number 54-1371830
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2307 HULL ST		E Telephone number 804-231-9995
		City or town, state or country, and ZIP + 4 RICHMOND, VA 23224		G Gross receipts \$ 2,987,547.
		F Name and address of principal officer: MICHAEL MCCLARY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

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

J Website: ▶ WWW.GOODSAMARITANMINISTRY.COM

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: 1987 **M State of legal domicile:** VA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOOD SAMARITAN MINISTRIES IS A CHRISTIAN MISSION DEDICATED TO HELPING ITS RESIDENTS OVERCOME		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,323,488.	2,003,115.
	9 Program service revenue (Part VIII, line 2g)	243,425.	146,538.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,840.	1,592.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,978.	227,283.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,727,731.	2,378,528.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	566,235.	387,363.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	759,064.	784,388.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,842.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,421,863.	1,376,070.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,747,162.	2,547,821.	
19 Revenue less expenses. Subtract line 18 from line 12	-19,431.	-169,293.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 4,252,325.	End of Year 3,852,099.
	21 Total liabilities (Part X, line 26)	2,548,579.	2,317,646.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,703,746.	1,534,453.

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: MICHAEL MCCLARY, EXECUTIVE DIRECTOR Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DAVID H. CREASY, CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ YOUNT, HYDE & BARBOUR, P.C. 4405 COX ROAD, SUITE 225 GLEN ALLEN, VIRGINIA 23060	EIN ▶	Phone no. ▶ (804) 553-1900	

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: SEE SCHEDULE O FOR CONTINUATION
GOOD SAMARITAN MINISTRIES IS A CHRISTIAN MISSION DEDICATED TO HELPING
ITS RESIDENTS OVERCOME HOMELESSNESS, POVERTY, ALCOHOL AND DRUG
DEPENDENCY. OUR YEAR LONG PROGRAM SEEKS TO MEET THE PHYSICAL,
EMOTIONAL AND SPIRITUAL NEEDS OF OUR PARTICIPANTS. THE KEY TO OUR

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 [X] 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 [X] 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 872,777. including grants of \$) (Revenue \$ 1,071,373.)
THE GOOD SAMARITAN MEN'S PROGRAM OFFERS A HAND UP, RATHER JUST A HAND
OUT. THIS YEAR LONG PROGRAM IS GEARED TOWARD DEVELOPING A RELATIONSHIP
WITH JESUS CHRIST, AND CULTIVATING THIS RELATIONSHIP TO BRING CHANGE IN
ONE'S LIFE.

THE PROGRAM IS DIVIDED INTO TWO PHASES, BEGINNING WITH SIX MONTHS OF A
CLOSELY SUPERVISED REGIMEN. PHASE ONE RESIDENTS LIVE IN A DORMITORY AND
HAVE VERY LITTLE PERSONAL TIME OR OPPORTUNITY TO GET INTO TROUBLE.
DURING THIS TIME, THE PROGRAM FOCUSES ON CRITICAL ISSUES SUCH AS DRUG
WITHDRAWAL AND ACCEPTING PERSONAL RESPONSIBILITY FOR ONE'S
CIRCUMSTANCES. IN ADDITION, THE WORDS AND WORK OF JESUS CHRIST ARE
INTRODUCED AS THE WAY TO COMPLETE SALVATION AND LIFE ANEW.

4b (Code:) (Expenses \$ 453,704. including grants of \$) (Revenue \$ 529,095.)
WHILE SOME OF THE DONATIONS THAT WE RECEIVE ARE USED FOR THE BASIC
NEEDS OF THE MEN AND WOMEN INVOLVED IN THE DISCIPLESHIP PROGRAMS, MANY
OF THE ITEMS DONATED ARE PLACED IN OUR THRIFT STORES AND SOLD TO THE
COMMUNITY. THE PROCEEDS FROM THESE SALES ARE USED TO SUBSIDIZE THE
VARIOUS COSTS OF THE MINISTRY SUCH AS TAXES, MAINTENANCE FUEL,
INSURANCE, UTILITIES AND MORTGAGE PAYMENTS FOR BUILDINGS.

THE GOOD SAMARITAN THRIFT STORES ALSO SERVE AN IMPORTANT FUNCTION IN
THE REHABILITATION PROCESS OF THE MEN AND WOMEN ON THE PROGRAM THROUGH
JOB TRAINING. THEY LEARN THE VALUE OF A GOOD WORK ETHIC AND OBTAIN
SKILLS THAT WILL RELATE TO THEIR FUTURE EMPLOYMENT OPPORTUNITIES.

4c (Code:) (Expenses \$ 251,537. including grants of \$) (Revenue \$ 146,538.)
PART OF THE GOOD SAMARITAN DISCIPLESHIP PROGRAM INVOLVES WORK
THERAPY.EACH PROGRAM PARTICIPANT IS GIVEN A JOB TO REPORT TO EACH DAY,
AND IS EXPECTED TO FULFILL ALL OF THE REQUIREMENTS SET BEFORE HIM/HER.
NEEDLESS TO SAY, OUR PROGRAM PARTICIPANTS HAVE A WIDE VARIETY OF
BACKGROUNDS AND SKILLS, AND ARE USED IN THE MANY CAPACITIES OF RUNNING
A MINISTRY. IN ADDITION TO THIS, WE HAVE TWO CREWS WHICH HAVE BEEN MADE
AVAILABLE TO THE GENERAL PUBLIC FOR HIRE, WHICH INCLUDE:
(1) LANDSCAPING. THE GOOD SAMARITAN LAWN CREW IS AVAILABLE FOR
COMMERICAL AND RESIDENTIAL LAWN CARE AND MAINTENANCE. UNDER THE
SUPERVISION OF A GOOD SAMARITAN STAFF MEMBER, THE SERVICES OFFERED
INCLUDE LEAF REMOVAL, LAWN CARE AND LAND CLEARING.

(2) MAINTENANCE. THE GOOD SAMARITAN MAINTENANCE CREW IS AVAILABLE FOR

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 519,330. including grants of \$) (Revenue \$ 62,189.)

4e Total program service expenses \$ 2,097,348. (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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	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.? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>	X	
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? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V 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?		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 58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
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	Section 501(c)(12) organizations. Enter: N/A		
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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	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

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.

		Yes	No
1a	Enter the number of voting members of the governing body		9
b	Enter the number of voting members that are independent		7
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		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?		
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	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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		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		X
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	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?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O. (see instructions)		
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?		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?		

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 Forms 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: ► MICHAEL D. MCCLARY - 804-231-9995
2307 HULL STREET, RICHMOND, VA 23224

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

1a 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			
G. RAYE JONES MINISTRY LAWYER/DIRECTOR	10.00	X						0.	0.	0.
MICHAEL D. MCCLARY PRESIDENT/EXECUTIVE DIRE	40.00	X		X				45,423.	0.	0.
MICHAEL S. BEALL TREASURER	10.00	X						0.	0.	0.
ROBERT ATACK SECRETARY	10.00	X						0.	0.	0.
ROBERT GIBSON DIRECTOR	10.00	X						0.	0.	0.
W. SCOTT BRANNAN DIRECTOR	10.00	X						0.	0.	0.
DAVID COTTRELL DIRECTOR	10.00	X						0.	0.	0.
CARL LODEN DIRECTOR	10.00	X						0.	0.	0.
KANYON KEENEY DIRECTOR	10.00	X						0.	0.	0.

Part VIII Statement of Revenue			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,003,115.				
	g	Noncash contributions included in lines 1a-1f: \$		890,090.				
	h	Total. Add lines 1a-1f		2003115.				
Program Service Revenue	2 a	WORK PROGRAM FEES	Business Code	811000	146,538.	146,538.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		146,538.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,592.			1,592.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	231271.				
		b	Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)		231271.			
	d	Net rental income or (loss)		231,271.			231,271.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		b	Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a	592863.				
b		Less: cost of goods sold	b	609019.				
c		Net income or (loss) from sales of inventory		-16,156.			-16,156.	
Miscellaneous Revenue			Business Code					
11 a	COMM BIBLE INSTITUTE		611600	5,583.	5,583.			
b	MISCELLANEOUS		900099	3,280.	3,280.			
c	FEE REFUNDS/DISCOUNTS		900099	2,900.	2,900.			
d	All other revenue		561000	405.		405.		
e	Total. Add lines 11a-11d			12,168.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2378528.	158,301.	0.	217,112.	

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	298,339.	298,339.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	89,024.	89,024.		
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	45,423.	15,141.	15,141.	15,141.
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	488,661.	411,062.	60,203.	17,396.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	197,803.	166,392.	24,369.	7,042.
10 Payroll taxes	52,501.	44,164.	6,468.	1,869.
11 Fees for services (non-employees):				
a Management				
b Legal	580.		580.	
c Accounting	62,249.		62,249.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,353.		3,353.	
12 Advertising and promotion	10,975.			10,975.
13 Office expenses	47,238.	30,750.	16,488.	
14 Information technology				
15 Royalties				
16 Occupancy	319,565.	298,731.	19,544.	1,290.
17 Travel	2,458.	2,458.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	89,755.		62,828.	26,927.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,001.	141,302.	12,560.	3,139.
23 Insurance	70,655.	60,056.	7,773.	2,826.
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 COST OF SALES	0.			
b FOOD FOR KITCHEN	274,368.	274,368.		
c REPAIRS AND MAINTENANCE	84,639.	84,639.		
d REPAIRS AND MAINTENANCE	78,146.	66,425.	8,596.	3,125.
e TAXES	71,615.	60,873.	7,877.	2,865.
f All other expenses	103,473.	53,624.	47,602.	2,247.
25 Total functional expenses. Add lines 1 through 24f	2,547,821.	2,097,348.	355,631.	94,842.
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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	23,119.	2	169,504.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,105.	4	10,513.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	11,500.
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	115,582.	8	120,930.
	9 Prepaid expenses and deferred charges	727.	9	5,666.
	10a Land, buildings, and equipment: cost basis ...	10a 4,269,880.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 972,344.	10c	3,297,536.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	662,251.	15	236,450.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,252,325.	16	3,852,099.	
Liabilities	17 Accounts payable and accrued expenses	221,924.	17	262,564.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	1,521,141.	22	1,297,890.
	23 Secured mortgages and notes payable to unrelated third parties	723,682.	23	691,971.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	81,832.	25	65,221.
	26 Total liabilities. Add lines 17 through 25	2,548,579.	26	2,317,646.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,675,201.	27	1,503,463.
	28 Temporarily restricted net assets	28,545.	28	30,990.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,703,746.	33	1,534,453.	
34 Total liabilities and net assets/fund balances	4,252,325.	34	3,852,099.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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?	X	
3a	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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GOOD SAMARITAN MINISTRIES** Employer identification number **54-1371830**

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

The organization is not a private foundation because it is: (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 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 - 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 the Part III.)
- 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
- e 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, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<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		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. 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 type="checkbox"/>	
b 33 1/3% support test - 2007. 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 10% -facts-and-circumstances test - 2008. 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 10% -facts-and-circumstances test - 2007. 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 Private foundation. 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

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.")	1,643,253.	2,179,691.	2,170,671.			5,993,615.
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	860,005.	934,058.	778,103.			2,572,166.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	2,503,258.	3,113,749.	2,948,774.			8,565,781.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	194,990.	42,123.	76,561.			313,674.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	194,990.	42,123.	76,561.			313,674.
8 Public support (Subtract line 7c from line 6.)						8,252,107.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	2,503,258.	3,113,749.	2,948,774.			8,565,781.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,102.	105,253.	139,978.			277,333.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	32,102.	105,253.	139,978.			277,333.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						8,843,114.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	93.32 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	89.35 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.14 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.00 %

19a 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOOD SAMARITAN MINISTRIES

Employer identification number

54-1371830

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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	451,121.			451,121.
b Buildings	3,425,510.		684,646.	2,740,864.
c Leasehold improvements				
d Equipment	263,340.		219,703.	43,637.
e Other	129,909.		67,995.	61,914.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,297,536.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,378,528.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,547,821.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-169,293.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-169,293.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,987,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,987,547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-609,019.
c	Add lines 4a and 4b	4c	-609,019.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,378,528.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,156,840.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	609,019.
e	Add lines 2a through 2d	2e	609,019.
3	Subtract line 2e from line 1	3	2,547,821.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,547,821.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

THE 990 FORM REQUIRES THAT COST OF SALES BE NETTED AGAINST THE REVENUE DIRECTLY RATHER THAN SHOWN AS IT'S OWN EXPENSE LINE ITEM AS IT IS IN THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

GOOD SAMARITAN MINISTRIES

Employer identification number

54-1371830

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONWEALTH CHRISTIAN ACADEMY 1101 BAINBRIDGE STREET RICHMOND, VA 23224	20-4368627	501(C)(3)	298,339.	0.			TO SUPPORT OPERATIONS OF THE ORGANIZATION.

2 Enter total number of section 501(c)(3) and government organizations **1.**

3 Enter total number of other organizations

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization **GOOD SAMARITAN MINISTRIES** Employer identification number **54-1371830**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	ATAK PROPERTIES	X				521,140.	297,890.		X	X
CLOPTON STREET LL	X		1,000,000.	1,000,000.		X	X		X	
EMPLOYEE ADVANCES		X	1,500.	1,500.		X		X		X
LOAN TO EMPLOYEE		X	10,000.	10,000.		X	X			X
Total			▶ \$ 1,309,390.							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **GOOD SAMARITAN MINISTRIES** Employer identification number **54-1371830**

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				
5 Clothing and household goods	X		528,484	ESTIMATE - BASED ON SA
6 Cars and other vehicles	X		86,786	ESTIMATE - KELLY BLUE
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				
19 Food inventory	X		266,819	USDA GUIDELINES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ACCOUNTING SE)	X	1	8,000	INVOICES PROVIDED BY A
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 Acknowledgment **29** **22**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b 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.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOOD SAMARITAN MINISTRIES

Employer identification number

54-1371830

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOMELESSNESS, POVERTY, ALCOHOL AND DRUG DEPENDENCY. OUR YEAR LONG PROGRAM SEEKS TO MEET THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF OUR PARTICIPANTS. THE KEY TO OUR SUCCESS IS CHARACTER TRANSFORMATION, WHICH IS A SPIRITUAL PROCESS THAT BEGINS WHEN AN INDIVIDUAL ACKNOWLEDGES HIS SINFULNESS AND HELPLESSNESS, AND ACCEPTS THE REDEMPTIVE SACRIFICE OF JESUS CHRIST RESTORING HIM TO FELLOWSHIP WITH GOD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUCCESS IS CHARACTER TRANSFORMATION, WHICH IS A SPIRITUAL PROCESS THAT BEGINS WHEN AN INDIVIDUAL ACKNOWLEDGES HIS SINFULNESS AND HELPLESSNESS, AND ACCEPTS THE REDEMPTIVE SACRIFICE OF JESUS CHRIST RESTORING HIM TO FELLOWSHIP WITH GOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THE SECOND PHASE OF THE PROGRAM LASTS SIX MONTHS AND ENTRUSTS THE PROGRAM PARTICIPANTS WITH MORE FREEDOM AND RESPONSIBILITY. ALONG WITH THE INCREASED RESPONSIBILITY COMES HIGHTER STANDARD OF LIVING, AS THESE MEN MOVE INTO TRANSITIONAL HOUSING AT THE MINISTRY OWNED PILKINGTON STREE APARTMENTS. AS A PART OF THEIR REHABILITATION, MEN ALSO PARTICIPATE IN JOB TRAINING THROUGH IN-HOUSE, AND LOCAL AREA BUSINESSES. UPON GRADUATION, SOME MEN HAVE THE OPPORTUNITY OF GAINING EMPLOYMENT AT THE VERY ORGANIZATION THROUGH WHOM THEY RECEIVED THEIR TRAINING.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

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Employer identification number

54-1371830

THE GOOD SAMARITAN WOMEN'S PROGRAM OFFERS A HAND UP, RATHER THAN JUST A HAND OUT. OURS IS UNLIKE ANY OTHER PROGRAM AVAILABLE TODAY FOR WOMEN WHO STRUGGLE WITH THE MANY FORMS AND FACES OF ADDICTION.

WE OFFER A CHRIST-CENTERED RESIDENTIAL ENVIRONMENT WHICH IS STRUCTURED USING SUPERVISED DAILY ACTIVITIES. THE WOMEN BEGIN EACH DAY WITH A LIGHT EXERCISE REGIMEN, FOLLOWED BY MEAL PREPARATION AND DAILY HOUSEHOLD CHORES. THEY ARE ALSO RESPONSIBLE TO WORK FIVE DAYS A WEEK AT THE GOOD SAMARITAN THRIFT STORE, AND ACTIVELY PARTICIPATE IN SPIRITUALLY BASED GROWTH ACTIVITIES, WHICH CAN INCLUDE INDIVIDUAL AND GROUP BIBLE STUDIES, CHURCH ATTENDANCE, SCRIPTURE MEMORIZATION, AUDIBLE PRAYER TIME, ONE-ON-ONE AND GROUP COUNSELING.

OUR MINISTRY IS DESIGNED TO HELP WOMEN DEAL WITH THEIR ADDICTION ISSUES BY USING THE WORD OF GOD AS THE PROGRAM MANUAL. ADDICTION IS NOT JUST A PHYSICAL PROBLEM, BUT A SPIRITUAL ONE AS WELL. WE HAVE FOUND THAT WHEN WOMEN BECOME SERIOUS ABOUT CHANGING THEIR LIVES, AND ALLOW JESUS CHRIST TO TAKE UP RESIDENCE IN THEIR HEARTS, THEN THE RESULT IS TRUE PEACE AND NEWNESS OF LIFE.

DURING 2008, THE ABOVE DESCRIBED PROGRAMS HELPED 185 MEN AND WOMEN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS SMALL JOBS AND A VARIETY OF HANDYMAN PROJECTS, WHICH INCLUDES, BUT ARE NOT LIMITED TO, PAINTING, JANITORIAL SERVICES, ETC.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

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Employer identification number

54-1371830

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOOD SAMARITAIN MINISTRIES MAINTAINS AN AUTO SHOP AND FACILITATES AUTO SALES OF DONATED VEHICLES. GOOD SAM'S AUTO OFFERS USED CARS AFFORDABLY PRICED TO HELP THOSE IN NEED OF RELIABLE TRANSPORTATION. THESE DONATED CARS ARE GIVEN A THOROUGH INSPECTION BY OUR QUALIFIED STAFF, AND ARE AVAILABLE TO VIEW AT OUR MINISTRY HEADQUARTERS.

GOOD SAM'S AUTO SALES ALSO PLAY'S A PART IN THE REHABILITATION AND TRAINING THAT WE OFFER TO OUR MEN WHO ARE PARTICIPATING IN OUR DICIPLESHIP PROGRAM. THROUGH ONSITE JOB TRAINING, THESE MEN ARE ABLE TO ACQUIRE JOB SKILLS THAT CAN BE UTILIZED AFTER GRADUATION IN ORDER TO SEEK GAINFUL EMPLOYMENT.

THE ADDITIONAL PORTION OF OTHER EXPENSES IS COMPRISED OF CONTRIBUTIONS TO COMMONWEALTH CHRISTIAN ACADEMY AND OTHER PROGRAMS INCLUDING LOW INCOME APARTMENT RENTALS.

EXPENSES \$ 519330. INCLUDING GRANTS OF \$ 0. REVENUE \$ 62189.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES, THEREFORE NO COMMITTEE MINUTES OR RECORDS ARE KEPT. THE ORGANIZATION ONLY MAINTAINS ONE MAIN BOARD.

FORM 990, PART VI, SECTION A, LINE 10: THE DRAFT OF THE 990 IS SENT TO THE DIRECTOR OF FINANCE WHO SENDS IT TO THE BOARD MEMEBRS FOR APPROVAL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

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FORM 990, PART VI, SECTION B, LINE 15: ALL EMPLOYEE'S COMPENSATION, INCLUDING THE EXECUTIVE DIRECTOR, ARE APPROVED BY THE BOARD DURING THE ANNUAL BUDGETING PROCESS. IN ADDITION, IF NEW HIRES ARE BROUGHT ON DURING THE YEAR, THEIR COMPENSATION IS BOARD APPROVED AT THAT TIME.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND PRIVACY POLICY ARE BOTH PROVIDED ON THE WEBSITE AND CONFLICT OF INTEREST POLICY IS PROVIDED UPON REQUEST.

THE BOARD OF DIRECTORS ASSUMES OVERSIGHT OVER THE AUDITED FINANCIAL STATEMENTS. THEY ARE RESPONSIBLE FOR REVIEW AND APPROVAL PRIOR THE RELEASE FO THE FINANCIAL STATEMENTS.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ATACK PROPERTIES- LINE OF CREDIT

(A) PURPOSE OF LOAN: CASH FLOW, LEASEHOLD IMPROVEMENTS

(A) NAME OF PERSON: CLOPTON STREET LLC-LINE OF CREDIT

(A) PURPOSE OF LOAN: PROPERTY PURCHASE

(A) NAME OF PERSON: EMPLOYEE ADVANCES

(A) PURPOSE OF LOAN: TO ASSIST EMPLOYEES WHEN THEY ARE IN NEED

(A) NAME OF PERSON: LOAN TO EMPLOYEE

(A) PURPOSE OF LOAN:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

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54-1371830

DOWNPAYMENT ASSISTANCE TO EMPLOYEE FOR PURCHASE OF HOME

Multiple horizontal lines for providing additional information.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

