#### Form **990**

Department of the Treasury Internal Revenue Service ţ

#### 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.

2010
Open to Public Inspection

A	For t	ne 2010 calendar year, or tax year beginning	and	ending		
_	Check applica	f C Name of organization		- Citaling	D Employer identi	ification number
[-	Add char	ress ge   Samaritan Aviation				
Ī	Nam char	e	<del></del> -		<u>.</u>	
Ī	Initia		ivered to etreet address)	D /		43484
Ē	Term	in-   no n 400	ivereu tu street address)	Room/suite	E Telephone numb	
Ē	ated Ame retur	nded	<u> </u>			49 4341
	Appl	Montrose CO 81401-9606			G Gross receipts \$	631,716
_	tion pend	ind -			H(a) Is this a group	
		F Name and address of principal officer:Gary same as C above	Bustin		for affiliates?	Yes X No
	 Tax-ox		<u> </u>	<u> </u>		ncluded? Yes No
		<pre>tempt status: LX   501(c)(3)     501(c)( )- ite: ► www.samaritanaviation.com</pre>	(insert no.) 4947(a)(1) €	or 527		a list. (see instructions)
			analotia Du Du	<u> </u>	H(c) Group exempti	
	art I		sociation Other ▶	L Year c	of formation: 1999	M State of legal domicile: CO
	1				<u> </u>	
항	'	Briefly describe the organization's mission or most	significant activities: To prom	note the	gospel by	
ğ		providing mission, medical, and aviati	on services.			
Activities & Governance	2	Check this box I if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net a	issets.
Ĝ	3	Number of voting members of the governing body (	Part VI, lîne 1a)		3	1
2	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)	,,,,	4	
ë	5	Total number of individuals employed in calendar ye	ear 2010 (Part V, line 2a)		5	
Ξ	6	Total number of volunteers (estimate if necessary)			6	1:
Ac	7a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 9	990•T, line 34		7ь	
	1				Prior Year	Current Year
ë	8	Contributions and grants (Part VIII, line 1h)		,	492,311.	577,402.
Revenue	9	Program service revenue (Part VIII, line 2g)			0,	30,028.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		39,065,	87.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-7,901,	
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		523,475.	
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		57,944.	
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		158,326.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)		0.	0.
Š	ь	Total fundraising expenses (Part IX, column (D), line	25) ► 104,9	01.		v.
4	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24f)		271 488.	359,349.
]	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		487,758.	504,391.
	19	Revenue less expenses. Subtract line 18 from line 1.	2		35,717.	104,518.
Net Assets or Fund Balances		•			nning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)			1,045,238.	
281 281	21	Total liabilities (Part X, line 26)			86,180.	1,155,949.
캺		Net assets or fund balances. Subtract line 21 from li	ne 20	·····	959,058.	92,373.
Pa	rt II	Signature Biock				1,063,576.
Inde	r penal	ties of perjury, I declare that I have examined this return, in	cluding accompanying schedules	and statemen	ts and to the hest of m	v knowledge and belief it in
rue,	correct	, and complete. Declaration of preparer (other than officer)	is based on all information of which	h nrenarer ha	io, and to the best of my	y Knowledge alld Dellet, It IS
				··· p··opa·o·	i i i i i i i i i i i i i i i i i i i	
ign	.	Signature of officer			Date	
lere	.	Gary Bustin, President				
		Type or print name and title	<u>.                                    </u>			<del> </del>
		Print/Type preparer's name P	reparer's signature	Dat	6 Check	PTIN
aid		Todd Ensign	A diffulting		ff	<del>-</del>
repa	rer	Firm's name Capin Crouse LLP			self-employed	
se O		Fim's address > 972 Emerson Parkway, Ste A			Firm's EIN	
	·	Greenwood, IN 46143	•		DL	
tav t	the IR	S discuss this return with the preparer shown above	2 loop instructions		Phone no. 31	
			: (zee instructions)			. X Yes No

	rm 990 (2010) Samaritan Aviation 84	-1543484	Page
	art III Statement of Program Service Accomplishments	_	<del></del> -
	Check if Schedule O contains a response to any question in this Part III	<u></u>	x
1	Briefly describe the organization's mission:		
	Samaritan Aviation's mission is to care for people in need by		
	providing medical and aviation services with the goal of helping them		·
	find ultimate healing.		
2	Did the organization undertake any significant program services during the year which were not listed on		<del>-</del>
-	the prior Form 990 or 990-EZ?	1	<u> </u>
	If "Yes," describe these new services on Schedule O.		Yes X No
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.	l	tes_x_No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expensi		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	ss. e and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	3 4110	
4a		e \$	30 028
	Samaritan Aviation provided medical, mission and aviation support in		30,020:
	Papua New Guinea. In 2010 we sir evacuated over 50 critically ill or		
	injured individuals, almost half of these were mother's in distressed.		
	Our float plane delivered lifesaving medicine to two villages with		
	cholera outbreaks. We also supplied over 15 thousand pounds of medical		
	supplies to more than 20 village aid posts.		
	Samaritan Aviation provided Mercy Flights for 5 individuals, some more		
	than once during 2010 that were too ill to travel by road or commercial		
	airline. In several of the flights we were able to fly the patients to		
	medical appointments which allowed them to return to the comfort of		
4b	their own home in the same day. We also follow-up with flight patients		
40	(Code:) (Expenses \$including grants of \$) (Revenue	e\$	)
			·-
			<del></del>
		<del></del>	
			n.
		<del></del>	
<b>4</b> c	(Code:) (Expenses \$including grants of \$) (Revenue		
		·	
			<u> </u>
			·-·
			<del></del>
			<del></del>
 [d	Other program services. (Describe in Schedule O.)		·
	, ,		
	// // // // // // // // // // // // //	<del>!</del>	_ <del>_</del>
	Total program service expenses ► 230 ,753.	<del></del>	
2002 -21-	See Schedule O for Continuation(s)	F	Form <b>990</b> (2010)

#### Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1_1_	x	┷
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ֈ
٠	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ŀ
4	public office? If "Yes," complete Schedule C, Part I	3	ļ <u> </u>	X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II	4_	<del>                                     </del>	X
٠	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	N/2	<del>\</del>
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<del> </del>	<del>  x</del>
-	the environment, historic land areas, or historic structures? If "Vec." complete School de D. Dort II.	_	1	۱
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
	Schedule D, Part III	В		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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-	<del> </del> -	<b>  ^</b>
	If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			i
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	W. AAAAAA		390000000
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		[	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	The state of the s			
	Part X, line 16? if "Yes," complete Schedule D, Part IX	11d	х	<u> </u>
e	Tes, Complete achieval A.	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ь	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	ا .ـ ا		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13	<u>.</u>	х
b		14a	X	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? if "Yes,"			
	complete Schedule G, Part III	19		х
20a	Uid the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		х
Ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	Ţ	T	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

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

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			'''
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			T -
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<u> </u>	<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i	!	
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		x
b		246	<del>                                     </del>	-
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
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? If "Yes," complete Schedule L, Part I	25a		x
ь		204	· -	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ł		
	Schedule L, Part I	25Ь		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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		"	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28¢		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
٥-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>x</u> _
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2	36		x
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
GU	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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	Samaritan Aviation		84-154348	4	F	Page
<b>P</b>	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	The state of the s	. fa		1		
b	The state of the s	. <u>1b</u>		0		
C	5 The state of the					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100000	
	filed for the calendar year ending with or within the year covered by this return	. 2a		7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re-	turns? .		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ons)				
За	and a service of the service of			3a		x
b				3b	i	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	х	
Þ	If "Yes," enter the name of the foreign country: Papua New Guinea			0.000		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	l Accot	ints.			
5a	to a provide the control of the day time during the tax year			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction	?	5b		х
C	, 11 mil 1 1 1 1 1 mil 1			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	anization solicit		_	
	any contributions that were not tax deductible?			6e		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions	or gifts			
	were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		,	7ь	х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it					
_	to file Form 8282?			7c	x	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		<b>7</b> f	i	X
9	If the organization received a contribution of qualified intellectual property, did the organization file in	Form 88	399 as required?	. 7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation f	ile a Form 1098-C?	7h	х	
8	Sponsoring organizations maintaining donor advised lunds and section 509(a)(3) supporting organizations. I	Old the s	upporting N/A			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	,,	N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9Ь		****
10	Section 501(c)(7) organizations. Enter:		1			
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	<u> </u>			
1	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
α_	amounts due or received from them.)	11b	· · · · · · · · · · · · · · · · · · ·			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a		
		12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		ļ			
	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,			1	
_	organization is licensed to issue qualified health plans	13b	i			
C 4~	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>x</u>
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

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032005 12-21-10

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_ | 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 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? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a Х 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? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a х b Other officers or key employees of the organization 15b x If "Yes" to line 15a or 15b, 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? ..... 16a b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed -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 X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 970-249-4341 PO Box 492, Montrose, CO 81401-9606 Form 990 (2010)

032006 12-21-10

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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 neither the organizat  (A)	(B)				C)			(D)	(E)	(F)		
Name and Title	Average		Position					Reportable	Reportable	Estimated		
	hours per	(check all that apply)					oly)	compensation	compensation	amount of		
	week	5				T	Ť	from	from related	other		
	(describe	director	İ			R	1	the	organizations	compensation		
	hours for related	frusitee or	ustee			Posate		organization	(W-2/1099-MISC)	from the		
	organizations	1 2	2		350	Ĕ.		(W-2/1099-MISC)		organization and related		
	in Schedule		Institutional trustee	eg ∰S	Кеу етпрюуве	Highest compensated employee	Ē			organizations		
	O)	<u>=</u>	≗	き	\$	동, 물	Ē			5. ga, cattor to		
1 Gary Bustin												
President	40,00	х		х				16,665.	٥.,	35,000		
2 Stephen Mark Palm												
Vice President	40.00	х		x			ļ	15,148.	٥.,	38,603		
3 Matthew Palm												
Secretary/Treasurer	5.00	х		X			L.,	0.	0.	0		
4 Patrick Clowes												
Board member/Attorney	1,00	x						o.	0.	0		
Jacob Carroll	i		i									
Financial Director	8.00	x						0.		. 0,		
Dr. Dan Cranston												
rield Medical Director	1.00	x						0.	0.	0.		
Scott Friedman				ļ								
Dir. of Aviation Devlp't	2,00	x						0.	o.	O.		
Joey Burns			. ]	ı								
Dir. of Devlp't	5.00	X		ļ				0.	0.	0,		
Cameron Nevins		!	ļ									
of Enterprise	2.00	X		_				0.	0.	0,		
0 Dr. David Brown			ı	i	ŀ							
ield Surgical Dir.	1.00	x	ļ					0.	0.	0.		
			ŀ			ļ						
		_4		_								
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	<u> </u>	_			_	_	_					
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			$\dashv$		_	4	4					
	]	Ì					ļ					
·			$\dashv$	$\dashv$	-+	$\dashv$						
	; I	•		- 1	- 1		- 1		ı			

032007 12-21-10

Section A. Officers, Directors, T		mple	oyee			High	est	Compensated Employ	rees (continued)		
(A)	(B)			-	C)			(D)	(E)		(F)
Name and title	Average hours per			Pos			4.4	Reportable	Reportable	-	stimated
	week	(E	neci	Kall	tnat	ард	iy)	compensation	compensation	an	nount of
	(describe	\$						from	from related		other
	hours for	ordirector				2		the organization	organizations		pensation
	related	28	stree		i	asa		(W-2/1099-MISC)	(W-2/1099-MIS	·	om the
	organizations	E E	nau 🛱		# A	Ö.	İi	(***2**1099**(**100)		1 ~	anization d related
	in Schedule	Individual trustee	Institutional trustee	) P.	Key employee	Highest compensated employee	Former			,	anizations
<del>-</del>	O)	틸	₹	Officer	<u>ş</u>	哥	For			0,9,	#IIIEGUOIIG
···				ļ						<del> </del>	
	<u> </u>			Ì						•	
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		}	ļ						-		
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	1		-	ĺ						ŀ	
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				ļ			1				
	<del>                                     </del>	$\dashv$		_		-				_	
					i						
	<del>                                     </del>	_			ļ						
				- 1	ŀ						
1b Sub-total	<u> </u>					ᆜ	i				
							-	31,813.	<u></u>	0.	73,603
c Total from continuation sheets to Part V							-	0.		0.	0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r			· ·	4 1		<u> </u>		31,813.	<u> </u>	0.	73,603
2 Total number of individuals (including but recompensation from the organization	ot limited to the	ose I	ISTE	o ad	ove	) wh	o rec	ceived more than \$100,	000 in reportable		
Compensation norm the organization				_					<del></del> -		Yes No
3 Did the organization list any former officer,	director or true	too	kav	amı	بنداد		ar bio	shoot compensated and	٠		res No
line 1a? If "Yes," complete Schedule J for s	uch individual	100,	veà	Ċι+ι}	DIOY	ee, c	ગ લાહુ	gnest compensated em	pioyee on		
4 For any individual listed on line 1a, is the su	m of reportable	eor	TIDA	nsat	tion	and	othe.	er companeation from the	ne organization	. 3	Х
and related organizations greater than \$15	0.000? If "Yes."	con	nojei	te Si	che	di de	Jine	r such individual	ie organization	1 1	x
5 Did any person listed on line 1a receive or a									lual for services	. <b>4</b>	
rendered to the organization? If "Yes," com	plete Schedule	J fo	r suc	ch p	erso	20			ical to services	5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inde	epen	nden	it co	ntra	ector	s tha	at received more than \$	100,000 of compe	nsation fro	
the organization. NONE								•	, <b></b>		~~~
(A)								(B)	<u> </u>	(C)	
Name and business	address							Description of se	rvices	Compens	
							"				
							1.				
									ļ		
							<u> </u>				
							+				
2 Total number of independent contractors (in	oludica but	. E	<b>.</b>						8,8100		38 - <b>38</b> - 100 - 100
2 Total number of independent contractors (ir \$100,000 in compensation from the organiz	ation 🕒	i seryn)	red '	to th	nose O	: NST	ec al	pove) who received mo	re than		
y y sompensation nom the organiz	anon F				U					_ ~	30 /
										Form 99	<b>90</b> (2010)

	an			ue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants	2		a Federated campaigns		1a		_			
g	2		b Membership dues		1b	<del></del> ,				
ţ,	틹		Fundraising events		1c_	20,430	<u>).</u>			
Б,		(	d Related organizations		1d					
SIC			Government grants (contribution		1e	·				
ğ	<u> </u>	f	All other contributions, gifts, grants							
퉏	5		similar amounts not included above	L	11	556,972	Ŀ			
57	<b>≧</b>		Noncash contributions included in lines 1s			119,615	٠.			
5	-	<u> </u>	Total. Add lines 1a-1f				577,40	2.		
	1					Business Cod	<u>e</u>			
Š.		2 a	· · · · · · · · · · · · · · · · · · ·			900099	15,064	15,064	L.	
Program Service Revenue	3	b	Young Samaritan Thrift			453310	14,96	1. 14,964	i	
E		¢				·	<u> </u>			
ga	:	0					<u> </u>		ļ	
Ş.		e	AD		<del>-</del>	<u> </u>	ļ			
	İ	7	All other program service revenu					3		
_	١.	9 3					30,028			
	'	,	Investment income (including dr							
	L	Į.	other similar amounts) Income from investment of taxe				B7	<u> </u>		87.
	1	5	Royalties				<del></del> -			
	`		rioyanies							
	۱,	i a	Gross Rents	(i) Re	21	(ii) Personal	$\downarrow$			
	ļ '		Less: rental expenses	<del></del>			-			
	ĺ					<del> </del>	+			
			Nakasatii			<u> </u>				1
	,			i) Secui		(ii) Other				
		_	assets other than inventory	i) Cecui	irte2	(ii) Other	-			
		ь	Less: cost or other basis			<del> </del>				
			and sales expenses							
		Ç	Gain or (loss)				1			
		đ	Net gain or (loss)			<u> </u>	1			
Ð	8	a	Gross income from fundraising e							
Other Revenu			including \$ 20 ,43			ŀ			44	
ě			contributions reported on line 1c			İ				
ia			Part IV, line 18		a	24,199.				
割		b	Less: direct expenses							
			Net income or (loss) from fundrais			<b>&gt;</b>	1,392	,		1,392.
i	9	a	Gross income from gaming activity							-,
ļ			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gaming		es	<b>&gt;</b>				
	10	a	Gross sales of inventory, less retu							
		_	and allowances		а					
			Less: cost of goods sold							
}		¢	Net income or (loss) from sales of	<u>invento</u>	ry		1 000 1 000 <u> </u>			
<b>-</b>			Miscellaneous Revenue	<del></del> -		Business Code				
	11	_	<del></del>			ļ <u> </u>			·	!
		b			_					
		T.	All sales to account	<del></del>		<u> </u>				
		a	All other revenue		į	<u> </u>				******
-	10	4	Total. Add lines 11a-11d			····· 🟲				
32009 2-21-	12		Total revenue. See instructions		· · · · · · · · · · · · · · · · · · ·	<u> </u>	608,909.	30,028.	0.	1,479.
2-21-	10									Form <b>990</b> (2010)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns ations must complete columns (A) but are not required to complete columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	e not required to comple  (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	9,629.	9,629.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	500.	500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	926.	926.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	105,417.	42,167.	31,625,	31,625
6	Compensation not included above, to disqualified	-			<u>,</u>
	persons (as defined under section 4958(f)(1)) and		!		
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	26,411.	8,282,	18 129	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	2,159.	826.	815.	518
1	Fees for services (non-employees):				
а	Management			1	
b	Legal				
c	Accounting	3,705.		3,705.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	4,936.	4.936.		
	Advertising and promotion	23 814	9,113.	8,988,	5,713
	Office expenses	57,052.	21,834,	21,531.	13,687
	Information technology	4.042.	1,547.	1,525.	970
	Royalties				310
	Occupancy	30,775.	11,778.	11,615.	7 202
	Travel	108,866.	41,662.	41,088,	7,383
	Payments of travel or entertainment expenses		12,002.	41,000,	26,116
	for any federal, state, or local public officials		;		
	Conferences, conventions, and meetings	5,485.	2,099,	2,070.	1 316
	Interest	-,,,,,,,,	- 2,033,	2,010,	1,316
	Payments to affiliates				
	Depreciation, depletion, and amortization	69,806.	25 714.	26,346.	16 746
	Insurance	2,713.	1 038		16,746.
	Other expenses, Itemize expenses not covered	2,723.		1,024.	651.
	above. (List miscellaneous expenses in line 24f. If line 🐭				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	Aircraft maintenance	40 400	40,400		
	Program shipping	40,409	40,409.		
	Projects	6,034.	6,034.		<del></del> -
	Miscellaneous		979.		
e :	- AMERICA S	732.	280.	276,	176.
	All other expenses				· · · · · · · · · · · · · · · · · · ·
	·				
	Fotal functional expenses. Add lines 1 through 24f  Joint costs. Check here  if following SOP	504,391.	230,753.	168,737.	104,901.
				ļ	
(	38-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

032010 12-21-10

Form 990 (2010)

	m 990 art X	(2010) Samaritan Aviation Balance Sheet				84-1	1543484 Page <b>1</b> 1
-	211. A	balance Steet			( <b>A</b> ) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			41,020.	. 1	118,751
	2	Savings and temporary cash investments				2	44,519
	3	Pledges and grants receivable, net				3	11,515
	4	Accounts receivable, net			10,000.	<del>                                     </del>	<u> </u>
	5	Receivables from current and former officers, d	rectors, truste	ees, kev	/		
		employees, and highest compensated employe					
		of Schedule L				5	***************************************
	6	Receivables from other disqualified persons (as	defined unde	r section			
	-	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru			V	6	W4
Assets	7	Notes and loans receivable, net				7	<u> </u>
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	<u> </u>
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	720,263.			
	b	Less: accumulated depreciation	10b	202,584.	458,450.	10c	517_679.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			475,000.	_15	475,000.
	16	Total assets. Add lines 1 through 15 (must equal			1,045,238.	16	1,155,949.
	17	Accounts payable and accrued expenses			12,742.	17	23,562,
	18	Grants payable				_18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		••••••••••••		20	
jes	21	Escrow or custodial account liability. Complete F	Part IV of Sche	edule D		21	
Liabilities	22	Payables to current and former officers, director					
<u>.</u>		highest compensated employees, and disqualified to be added.		omplete Part II			
		of Schedule L		·····		22	
	23	Secured mortgages and notes payable to unrela			73,438.	23	68,811.
	F	Unsecured notes and loans payable to unrelated				24	
	25 26	Other liabilities. Complete Part X of Schedule D				25	
_	20	Total liabilities, Add lines 17 through 25			86,180,	26	92,373.
£N.		Organizations that follow SFAS 117, check he lines 27 through 29, and lines 33 and 34.	re 🖊 🔼	and complete			
ĕ	27						
ië B	28	Unrestricted net assets		•••••••	932,814.	27	1,018,952,
	29				26,244.	28	44,624.
Š		Organizations that do not follow SFAS 117, ch				29	
-		complete lines 30 through 34.	eck nere	and			
3	30	Capital stock or trust principal, or current funds		Ė		20	
S I	31	Paid-in or capital surplus, or land, building, or equ				30	·
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				31 32	
ž	33	Total net assets or fund balances			959,058,	33	1 062 525
- [		Total liabilities and net assets/fund balances			1,045,238.		1,063,576.
		Calculation and and and and and and and and and an	<u> </u>		±,045,438.	34	1,155,949.

Form 990 (2010)

	m 990 (2010) Samaritan Aviation	84-154348	₹4	Dα	ige <b>1</b> 2
Pa	Int XI Reconciliation of Net Assets	04 134340	, 4	<u> </u>	ye II
<u>.                                    </u>	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		608	909
2	Total expenses (must equal Part IX, column (A), line 25)	2			391
3	Revenue less expenses. Subtract line 2 from line 1	3			518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,058
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	,063	
Pa	rt XII Financial Statements and Reporting			, , , , , ,	
	Check if Schedule O contains a response to any question in this Part XII				[ ]
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u> </u>		Yes	No
þ	Were the organization's financial statements audited by an independent accountant?		2a		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	Г		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	dule O. I on a			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?		3a	10000000000	x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	3b		
			Form 9	<b>90</b> (2	(010)

#### 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	Dagan	Samaritan	Aviation						84	1543484	<u>L</u>	
Part I		1 for Public Cha	arity Status (All organ	nizations n	nust comp	lete this p	art.) See in	etructions	l			
			n because it is: (For lines									
1 🖳			es, or association of chi			section 1	70(b)(1)(A)	(i).				
2 🖳			1 <b>70(b)(1)(A)(ii).</b> (Attach S									
3 🖳	A hospital o	or a cooperative hos	pital service organizatior	describe	d in sectio	n 170(b)(	1)(A)(iii).					
4 📖	A medical r	esearch organization	n operated in conjunction	n with a h	ospital des	cribed in :	section 17	/ <mark>0(ь)(1)(</mark> А)(	(iii). Enter t	he hospita	i's nar	me,
	city, and sta	ate:										•
5 🔛	An organiza	ition operated for the	e benefit of a college or	university	owned or o	operated	by a gover	nmental ur	nit describe	ed in		
_		<b>0(b)(1)(A)(iv).</b> (Comp										
6 🖳	A federal, st	tate, or local governi	ment or governmental ur	nit describ	ed in secti	ion 170(b)	}(1)(A)(v).					
7 X	An organiza	ition that normally re	ceives a substantial par	t of its sup	port from	a governn	nental unit	or from th	e ceneral r	oublic desc	ribed	in
	section 17(	0(b)(1)(A)(vi). (Comp.	lete Part II.)			-						***
8 🖳	A communit	ty trust described in	section 170(b)(1)(A)(vi)	. (Complet	te Part II.)							
9 📖	An organiza	tion that normally re	ceives: (1) more than 33	1/3% of i	ts support	from con	tributions,	membersh	nio fees, an	id aross re	ceints	from
	activities rei	ated to its exempt fo	unctions - subject to cert	tain excep	tions, and	(2) no mo	re than 33	1/3% of it	s support 1	from aross	inves	tment
	income and	unrelated business	taxable income (less sec	ction <b>511</b> 1	tax) from b	usinesses	acquired (	by the org	anization a	ifter June 3	30, 19	75.
	See section	1 <b>509(a)(2)</b> . (Complet	te Part III.)								,	
10 🖳	An organiza	tion organized and o	pperated exclusively to to	est for pub	olic safety.	See sect	ion 509(a)	(4).				
11 📖	An organiza	tion organized and c	perated exclusively for t	the benefit	t of, to perf	form the f	unctions of	f, or to can	ry out the p	purposes d	of one	or
	more public	ly supported organiz	ations described in sect	tion 509(a)	(1) or secti	on 509(a)	(2). See <b>se</b>	ction 509	(a)(3). Che	ck the box	that	
	describes th	e type of supporting	organization and comp	lete lines	11e throug	h 11h.						
	a L Type		Туре II	وТу 🗀 د	pe III - Fun	ctionally in	ntegrated		a□	Type III - C	Other	
e	By checking	this box, I certify th	at the organization is no	t controlle	d directly o	or indirect	ly by one o	or more dis	qualified p	ersons oth	er tha	ar)
	foundation r	nanagers and other	than one or more public	ly support	ed organiz	ations de:	scribed in s	section 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	zation received a wri	itten determination from	the IRS th	nat it is a Ty	уре і, Тур	e II, or Typ	<del>e</del> III				
		organization, check t										
g			organization accepted a									
	(i) A perso	n who directly or inc	directly controls, either a	lone or to	gether with	persons	described	in (ii) and (	(iii) below,		Yes	No
	the gov	eming body of the s	upported organization?							11g(i)		,
	(ii) A family	member of a perso	n described in (i) above?	?						11g(ii)		
_	(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) abov	/e?					11g(iii)		
h	Provide the 1	following information	about the supported or	ganization	n(s).							
	··	<del></del>	(M) Tolla 14					-,	<del></del>			
	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization			(vi) Is organizațio	the	(vii) Am	ount or	f
orga	nization	•	(described on lines 1-9		isted in your document?		tion in col.	(i) organiz	ed in the	supp		
			above or IRC section				or support?	U.S	.?			
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No	<u> </u>		
						ĺ						
				<del>                                      </del>	<del>                                     </del>	ļ	<u> </u>		<u> </u>			
						•						
<del></del>			<u> </u>	<u> </u>			<u> </u>	!				
				İ				i				
		<u> </u>		<del> </del> -	<u> </u>	<u> </u>						
<del></del> -		<u> </u>										
<del></del> -					800 10 000 Second							
Total												
Total		4. 4										
LMA FOR PE	perwork He	duction Act Notice,	see the Instructions fo	or				Schedule	A (Form t	990 AF 990	LEZ) :	2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

Se	ction A. Public Support					,,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			,,,	172	(9) 20 10	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	913,862.	688,240.	488,418.	492,311.	577,402.	3,160,233
2	Tax revenues levied for the organ-						3,100,233
	ization's benefit and either paid to		i				
	or expended on its behalf					]	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	913,862.	688,240.	488,418.	492,311.	577,402,	3,160,233
5	The portion of total contributions					2,7,102.	5,100,233
	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)						661,872
6	Public support. Subtract line 5 from line 4.						2,498,361
Sec	tion B. Total Support					<u>. 200-090-00</u> 00000000000000000000000000000	2,430,301
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	913,862.	688,240.	488,418.	492,311.	577,402.	3,160,233
8	Gross income from interest,			,		3,,,,2023	3,100,233
	dividends, payments received on			]		İ	
	securities loans, rents, royalties	;					
	and income from similar sources	12.	27.	1,654.	4,931,	87.	6,711.
9	Net income from unrelated business			,,,,,,			
	activities, whether or not the				ļ	ļ	
	business is regularly carried on						
10	Other income. Do not include gain					·	****
	or loss from the sale of capital			i			
	assets (Explain in Part IV.)		ĺ		35,210.	24,199.	59,409.
11	Total support. Add lines 7 through 10						3,226,353.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	31,672.
	First five years. If the Form 990 is for			fourth, or fifth tax	vear as a section		02,072,
	organization, check this box and stop	here					▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2010 (li	ne 6, column (f) div	rided by line 11, co	lumn (f))		14	77.44 %
15	Public support percentage from 2009	Schedule A, Part !	I, line 14			15	86.66 %
16a	33 1/3% support test - 2010.If the or	ganization did not	check the box on li	ine 13, and line 14	l is 33 1/3% or mo		and
	stop here. The organization qualifles a	as a publicly suppo	rted organization			,	<b>▶</b> x
b	33 1/3% support test - 2009.If the or	ganization did not	check a box on line	e 13 or 16a, and fir	ne 15 is 33 1/3% o	or more, check this	hox
	and <b>stop here.</b> The organization qualit	fies as a publicly su	upported organizat	ìon		or more, erroan and	<b>▶</b> □
17a 1	10% -facts-and-circumstances test	- 2010.If the organ	nization did not che	ck a box on line 1	3. 16a. or 16b. an	d line 14 is 10% or	more
;	and if the organization meets the "fact	s-and-circumstanc	es" test, check this	box and stop he	re. Explain in Part	IV how the organize	ation
1	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a pi	iblick supported	organization	Te now the organiza	■ T
b.	10% -facts-and-circumstances test	- 2009.If the organ	ization did not che	ck a box on line 1	3 16s 16b or 17	a and line 15 is 10t	
	more, and if the organization meets the	e "facts-and-circum	stances" test, che	ck this box and et	ion here. Explain i	a, and mic 10 is 10. n Part IV how the	70 OF
(	organization meets the "facts-and-circu	umstances" test. T	he organization au	aiifies as a publich	v supported areas	u rattivillow (He	<b>▶</b> ["
8	Private foundation. If the organization	did not check a h	ox on line 13, 16a	165, 17a or 17b	chack this boy so	d see instructions	
				, 17 M, OI 17 D,			900 F7 0040
•	more, and if the organization meets the organization meets the "facts-and-circus Private foundation. If the organization	umstances" test. T	he organization qu	alifies as a publich	y supported organ <u>check</u> this box an	ization	▶

032022 12-21-10

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						<del></del>
Calenda	ar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gi	ifts, grants, contributions, and				(0) 2000	(4) 20 (8	in total
m	embership fees received. (Do not	:					
ine	clude any "unusual grants.")		1				
me for an	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
	ross receipts from activities that		·				ļ. ——·
are	e not an unrelated trade or bus-		<u> </u>				
	x revenues levied for the organ-		-	-	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>-</del>
İza	ation's benefit and either paid to expended on its behalf						
<b>5</b> Th	e value of services or facilities						
fur	mished by a governmental unit to						
	e organization without charge						
	tal. Add lines 1 through 5						<u> </u>
	nounts included on lines 1, 2, and						
3 r	eceived from disqualified persons				<u> </u>	1	
fron exce	ounts included on lines 2 and 3 received in other than disqualified persons that leed the greater of \$5,000 or 1% of the bunt on line 13 for the year						
	ld lines 7a and 7b			<del></del> -	<u> </u>	"	·
8 Pu	blic support (Subtractions 7c from line 6.)						
	on B. Total Support		<u> </u>		.16		
Calendai	r year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Am	nounts from line 6			1.,		(4) = 3   0	10101
div sec	oss income from interest, idends, payments received on curities loans, rents, royalties d income from similar sources						
	related business taxable income			<u> </u>			
(les	s section 511 taxes) from businesses						
	uired after June 30, 1975						
	d lines 10a and 10b				-	·	
11 Net acti who	t income from unrelated business ivities not included in line 10b, ether or not the business is ularly carried on						
or k ass	ner încome. Do not include gain oss from the sale of capital nets (Explain in Part IV.)						
	al support (Add lines 9, 10c, 11, and 12.)			·			
4 Firs	st five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization,
che	ck this box and stop here				<u></u>		<b>&gt;</b>
	n C. Computation of Publi				<u> </u>	<b></b>	
5 Pub	olic support percentage for 2010 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
6 Pub	olic support percentage from 2009	Schedule A, Part I	II, line 15		<u></u>	16	%
	n D. Computation of Inves						
7 Inve	estment income percentage for 20	<b>10</b> (line 10c, colum	ın (f) divided by lin	e 13, column (f))		17	%
8 Inve	estment income percentage from 2	: <b>009</b> Schedule A, F	art III, line 17 🛄			18	%
<b>уа 33 1</b>	1/3% support tests - 2010. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	33 1/3%, and line	17 is not
mor	re than 33 1/3%, check this box an	id <b>stop he</b> re. The	organ <i>iz</i> ation quali	fies as a publicly s	supported organiz	ation	
b 33 1	1/3% support tests - 2009. If the o	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
line	18 is not more than 33 1/3%, ched	ck this box and <b>st</b> o	op here. The orga	nization qualifies a	s a publicly supp	orted organization	ı ▶□
0 Priv	ate foundation. If the organization	i did not check a b	ox on line 14, 19a	i, or 19b, check th	is box and see ins	structions	<b>&gt;</b>
32023 12-							90 or 990-EZ) 2010
				15			•

#### Schedule A

## Identification of Excess Contributions Included on Part II, Line 5

2010

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Living Stones Fdn Char. Trust	65,000.	47
fyron Ullman	120,500.	55,97
Aerocet	158,000.	93,41
Senneth & Roberta Eldred	100,000.	35,47
Quest Aircraft Chart, Fund	375,000.	310,47
Bill & Beverly Roesch	110,000	45,47
fike & Cathy Ullman	103,000.	
Jason & Danielle Kendall	100,000.	35,47
Michael Dohrenwend	111,115.	46,58
		, <del>, _</del> .
otal Excess Contributions to Schedule A, Part II, Line 5		661,872

## Schedule B (Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization Samaritan Aviation 84-1543484

	Salidifican Aviacion 5 4-1545404
Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	x 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note. Only a section 50°  General Rule  For an organiza	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one emplete Parts I and II.
Special Rules	
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or of cruelty to children or animals. Complete Parts I, II, and III.
contributions for If this box is chapurpose, Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, or use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., or complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively able, etc., contributions of \$5,000 or more during the year.
but it <b>must</b> answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 1 of 1 of Part I Name of organization Employer identification number B4-1543484 Samaritan Aviation Part I Contributors (see instructions) (a) (b) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 1 Mike & Cathy Ullman Person Payroll Noncash 6046 Stefani Dr. 40,000. (Complete Part II if there is a noncash contribution.) Dallas, TX 75225 (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution х 2 Ministry Centered Technologies Inc. Person Payroll Noncash 78 100 Main St #202 16,000. (Complete Part II if there is a noncash contribution.) La Quinta, CA 92253 (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 3 Michael Dohrenwend Person Payroll Noncash 7738 Madison Blvd. 111,115. (Complete Part II if there is a noncash contribution.) Huntsville, AL 35806 (a) (c) (d) Νo. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroli Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Noncash

(Complete Part II if there is a noncash contribution.)

Employer identification number

Samar.	itan	Avia	tion

84-1543484

(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	Date received
3	Aztec Piper Airplane		
f		\$111,115.	11/25/10
(a)		(c)	
No. rom	(b)  Description of noncash property given	FMV (or estimate)	(d)
art I	- Coordinated of Northead Property given	(see instructions)	Date received
(a)			,, <u> </u>
No. rom	(b)	(c) FMV (or estimate)	(d)
art I	Description of noncash property given	(see instructions)	Date received
		<b>\$</b>	
(a) No.		(c)	
om art l	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
_   .			
		<b>\$</b>	<del></del>
a) lo.	(b)	(c)	(d)
om irt l	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
-			
_   -			
		\$	<del></del> -
a) o.		(c)	,
om	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
rt I		(see instructions)	
_   -			
		1	

Samaritar	Aviation					
Part III	Exclusively religious, charitable, etc.,	ete columns (a) through (e) and the f rious, charitable, etc., contributions (	1 501 (c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(,, ==== a,	(a) Description of now gift is near			
-		(e) Transfer of gift				
ļ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-						
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part i		· · · · · · · · · · · · · · · · · · ·	(a) Description of now gift is neith			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
a) No. from						
from Part	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
ļ		(e) Transfer of gift				
-		(e) mansier or girt				
	Transferee's name, address, an	-	Rolationship of transferous to the state of			
-	Transferee's name, address, ar	-	Relationship of transferor to transferee			
	Transferee's name, address, ar	-	Relationship of transferor to transferee			

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

	organiz	

**Employer identification number** 

<u> </u>	Samaritan Aviation			84-1543484
PE	rt I Organizations Maintaining Donor Advised I		or Accoun	ts. 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 writi			
•	are the organization's property, subject to the organization's exc			
6	Did the organization inform all grantees, donors, and donor advis	iusive legal control?		Yes N
•				
	for charitable purposes and not for the benefit of the donor or do impermissible private benefit?			
Da		LEV E. E. CO.		Yes N
140-1-040	7, 94, 11		t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (			
	Preservation of land for public use (e.g., recreation or educ			
	Protection of natural habitat	Preservation of a certifie	d historic str	ucture
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of	a conservatio	on easement on the last
	day of the tax year.			<u> </u>
			H	eld at the End of the Tax Yea
а	Total number of conservation easements	***************************************	_2a	· ·
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structu	re included in (a)	2c	
đ	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure		
	listed in the National Register			
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the or	ganization di	uring the tax
	year ►	and the second s	gamzanon a	ainig tile tex
4	Number of states where property subject to conservation easeme	ent is located		
5	Does the organization have a written policy regarding the periodic			
_	violations, and enforcement of the conservation easements it hoke			
6	Staff and volunteer hours devoted to monitoring, inspecting, and			
7	Amount of expenses incurred in monitoring, inspecting, and enfor	emorcing conservation easements durin	ig the year	·
8	Does each conservation asserted as the Old above as	cing conservation easements during the	year ► \$_	<del></del> .
	Does each conservation easement reported on line 2(d) above satisfied a 270(h)(4)(D)(ii)	tisty the requirements of section 170(h)(4	4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?			YesN
9	In Part XIV, describe how the organization reports conservation ex	asements in its revenue and expense sta	atement, 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
F. 900	conservation easements.		<del></del>	
1 m = 1	Organizations Maintaining Collections of Art	t, Historical Treasures, or Othe	er Similar	Assets.
	Complete if the organization answered "Yes" to Form 990,			
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue statement	t and balanc	e sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	of public ser	vice, provide, in Part XIV,
	the text of the footnote to its financial statements that describes t	hese items.		
þ	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement and	d balance sh	eet works of art, historica
	treasures, or other similar assets held for public exhibition, educat	ion, or research in furtherance of public	service, prov	ride the following amounts
	relating to these items:	·		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> s	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasure	s. or other similar assets for financial and	► ¥_ in provide	
	the following amounts required to be reported under SFAS 116 (A		iii, provide	
а	Revenues included in Form 990, Part Vill, line 1	-0 000/ folding to aleae items:	<b>.</b>	
ь	Assets included in Form 990, Part X			
-			🟲 \$_	
НА	For Paperwork Reduction Act Notice, see the Instructions for I			
	· · · · · · · · · · · · · · · · · · ·	-orm aań.	Sch	edule D (Form 990) 201

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Schedule D (Form 990) 2010

Sch	edule D (Form 990) 2010 Samaritan	Aud -63						_
	rt III Organizations Maintaining		rt Historical 1	Francurae	or Otho	84-154 Similar Ana		Page 2
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of th	e following t	hat are a cir	mificant use of it	e collectic	tinuea)
	(check all that apply):		, c	ic to nothing t	and the trail	rinicant use of th	s conectic	лпень
а		,	d Doan or ex	(change pro	arame			
b	<del></del>			········				
c		·	Offici					
4	Provide a description of the organization's of	collections and explain	in how they further	the organiza	ation's aver	ont numeros is D	NA VIU	
5	During the year, did the organization solicit	or receive donations	of art bistorical tra	nie organiza	thar aimilar.	ipi puipose iii Pa	art XIV.	
	to be sold to raise funds rather than to be m	naintained as part of	the organization's	collection?	the Similar	assets F	Yes	□ Ma
Pa	rt IV Escrow and Custodial Arrar	gements Compl	ete if the organizat	ion anawara	d "Voo" to 5	orm 000 Dart IV		No
<u> </u>	reported an amount on Form 990, Pa	art X. line 21.	ete ii tii <del>e</del> organizat	ion answere	u ies lor	omi 990, Part IV	, line 9, of	
1a	Is the organization an agent, trustee, custoo		diany for contribution	and or other	ooosto oot ii			<del></del> -
	on Form 990, Part X?						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	Mowing table:			٢	tes	L! No
-	ii / sa, explain to arrangement iii / arrang	and complete the it	mowing table.			<u></u>	A	
С	Beginning balance					4-	Amoun	τ
ď	Additions during the year		***************************************	· · · · · · · · · · · · · · · · · ·		1c		
e	Distributions during the year						<del></del>	
f	Ending balance						<del></del> -	
2a	Did the organization include an amount on F	orm 990 Part X line	912			<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIV		411				1 es	1VO
	t V Endowment Funds. Complete		swered "Yes" to F	orm 990 Par	t IV line 10			
		(a) Current year	(b) Prior year			) Three years back	fol Form	years back
1a	Beginning of year balance	till carrott local	(M) I HOT YEAR	10) 1110 30	ara buck (c	y illioo yours back	(6) (6)	years nack
ь	Contributions			<del>                                     </del>				
c	Net investment earnings, gains, and losses	-		<del></del> -				
d	Grants or scholarships		•	<del>                                     </del>	2.0			
е	Other expenditures for facilities		·	<del>                                     </del>				
	and programs							
f	Administrative expenses		<del> </del>	<del></del>	8000 6000			
a	End of year balance			<del>                                     </del>	E 3			
2	Provide the estimated percentage of the year	r end balance held a	<b>&amp;</b> 1		10000		8 1880000000000000000000000000000000000	<del></del>
а	Board designated or quasi-endowment	. ena balanco nola a	%					
ь	Permanent endowment	%						
c	Term endowment	^*						
	Are there endowment funds not in the posse		ition that are held a	and administ	ered for the	organization		
	by:		toon that are noted	Ano administ		Organization	ſ	Yes No
	(ii) unrelated organizations						3a(i)	165 110
	(ii) related organizations		***************************************				3a(ii)	
ь	if "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule B2		***************************************		3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds		*** ************		. [ 30 ]	
Per	Land, Buildings, and Equipm	ent. See Form 990	. Part X. line 10.					
,	Description of investment	(a) Cost or ot		or other	(c) Acci	mulated	(d) Book	- value
	. , 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	basis (investm	, , ,	(other)		ciation	(d) Book	value
1a	Land	<u>'</u>	,	6,593.	60000000000000000000000000000000000000			6,593.
	Buildings			148,316.	•	5,133.		
	Leasehold improvements				-			143,183.
	Equipment			560,944.	-	193 898		367 045
-	= 9: 9: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10	**	<del></del>	200,344.	<del>                                     </del>	193,898.		367,046.

Schedule D (Form 990) 2010

517,679.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	(Form 990) 2010 Samaritan Aviatio			84-15434	34 Page <b>3</b>
	Investments - Other Securities. Sec		12.		
(a	Description of security or category	(b) Book value		(c) Method of valuation:	
	(including name of security)			Cost or end-of-year market value	ne ne
	l derivatives			*** *	
	neld equity interests				
(3) Other					
(A)					
(B)					<del></del>
(C)	· · · ·	·			
(D) (E)		<u> </u>	<del>-</del>		
(F)		_		•	
(G)		·	1		
(H)					
(1)				· ···-··	
	must equal Form 990, Part X, col (B) line 12.)	• •			
	Investments - Program Related. Se	e Form 990, Part X, line	13.		
	(a) Description of investment type	(b) Book value		(c) Method of valuation:	
	ay pessiphon of investment type	(0) 2001 70100		Cost or end-of-year market value	1e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)		••		· · · · · ·	
(10)					·
	must equal Form 990, Part X, col (B) line 13.)				
	Other Assets. See Form 990, Part X, line	15.			
		Description		(lt	) Book value
(1) Dep	osit on kodiak airplane				475,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	nn (b) must equal Form 990, Part X, col (B) line	1C)			475,000.
Part X	Other Liabilities. See Form 990, Part X, I				475,000.
1.	(a) Description of liability	1.10 20.	(b) Amount		
	eral income taxes				
(2)	nd moone taxes	• • • • • • • • • • • • • • • • • • • •			
(3)					
(4)					10.5
(5)					
(6)		-	·		
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line	25.) • • • • • • • • • • • • • • • • • • •	ements that renorts the		
2. FIN 48 (ASC	740) Footnote. In Part XIV, provide the text of the toothote to 740)	e organization s imancial stati	этногия пластеронть (пе с		
032053 12-20-10				Schedule D	(Form 990) 2010

	edule D (Form 990) 2010 Samaritan Aviation			84-1543484	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 99	00 to Audited F	<u>inancial Sta</u>	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)				-
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				•
5	Donated services and use of facilities				
6	investment expenses			• "	
7	Prior period adjustments			. <u>.</u> .	
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines			<u></u>	
	TXII Reconciliation of Revenue per Audited Financial Statements.			Detrois	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11			
a					
þ				<u> </u>	
¢	Recoveries of prior year grants	2c			
d				_	
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV.)				
	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pai	1 XIII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses p	er Return	_
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
ь	Prior year adjustments		***		
c	Other losses				
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d				
3	Subtract line 2e from line 1			2e 3	<del></del>
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:			. 3 1	<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b	ا ـها			
	Other (Describe in Part XIV.) Add lines 4a and 4b		<del>-</del>		
	the same of the sa		·····	·   4c	
Da.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information	*		.   5	
					·
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P				
, IIne	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also o	complete this part to	o provide any a	additional information.	
			· · · · · · · · · · · · · · · · · · ·		
			·		
		<u>-</u>			
	· · · · · · · · · · · · · · · · · · ·				

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number

Samaritan Aviation				84-1543484	
	ormation on 4	Activities Ou	tside the United States. Comp		/oo*
to Form 990, P			icolde the office ocates. Comp	rete it the organization answered	1 <del>2</del> 3
		n maintain recor	ds to substantiate the amount of the g	prante or assistance, the	
			selection criteria used to award the gra		Yes No
grantood onglesity (of	the grants or assi	stance, and the	selection circena used to award the gr	ailts Of assistance:	res No
2 For grantmakers, Des	scribe in Part V the	e organization's	procedures for monitoring the use of g	grant funds autoids the United Stat	
	oonoo mii are i qii	- organization o	proceedings for monitoring the use of g	grant fulles outside the officed State	35.
3 Activities per Region.	The following Part	t Liline 3 table o	an be duplicated if additional space is	needed \	
(a) Region	(b) Number of			(e) If activity listed in (d)	(f) Total
( <b>-</b> ) 1 10 <b>g</b> 1011	offices	employees.	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and
		contractors in region	recipients located in the region)	of service(s) in region	investments in region
		III (AGION			
			İ	Medical, mission and	
East Asia and the				aviation support in the	
Pacific	1	1	1	region.	234,543,
	-	_ <del></del>	erogram porviso expense	1 - 3	234,343.
				[	
				İ	
	İ				
	, ""		-		
				ĺ	
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•					
	,				
	<b></b>				
	<del> </del>				
				ļ	
	<del>                                     </del>				
3 a Sub-total	1	1			234,543.
<b>b</b> Total from continuation	1				
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	1	1			234 543

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

	(a) Name of organization and EIN (if applicable)	Schedule F (Form 990) 2010  Samaritan Aviation  Part III  Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organizations recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.
	(c) Region	Samaritan Aviation nce to Organizations or Entitles ( re than \$5,000. Check this box if no additional space is needed.
	(d) Purpose of grant	Outside the United States.
	(e) Amount of cash grant	Complete if the o
	(e) Amount (f) Manner of of cash grant cash disbursement	84-1543484 organization answered "Y
	(g) Amount of non-cash assistance	d "Yes" to Form 9
	(h) Description of non-cash assistance	84-1543484 ion answered "Yes" to Form 990, Part IV, line 15, for any
	(i) Method of valuation (book, FMV, appraisal, other)	Page 2 or any

Part II can be du	Part II can be duplicated if additional space is needed.	ace is needed.						
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					į			
		70.						
<ul> <li>2 Enter total number of recipient organizations listed above the IRS, or for which the grantee or counsel has provided</li> <li>3 Enter total number of other organizations or entities</li> </ul>	ecipient organizations ne grantee or counsel h other organizations or e	isted above that are reas provided a section to titles	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2010

Samaritan Aviation

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (a) Type of grant or assistance Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) Amount of recipients cash grant (c) Manner of cash disbursement (f) Amount of non-cash assistance (g) Description of non-cash assistance (h) Method of valuation (book, FMV, appraisal, other) Page 3

Schedule F (Form 990) 2010

010S (069 m	Schedule F (For		
oN X	s∌Y ☐	for Form 5713)	
		"Yee," the organization may be required to file Form 5713, International Boycott Report (see Instructions	
		Did the organization have any operations in or related to any boycotting countries during the tax year? If	9
oN X	SeY	Foreign Partnerships. (see Instructions for Form 8865)	
		the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain	
		Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	2
on X	se¥	Instructions for Form 8621)	
	<del></del>	Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see	
		qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
		Was the organization a direct or indirect shareholder of a passive foreign investment company or a	Þ
oN 🗶	sey 🗀	Certain Foreign Corporations. (see Instructions for Form 5471)	
	_	the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to	
		Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	ε
ON X	sə,	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	
		Receipt of Certain Foreign Cifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	
		may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and	
		Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	2
ol/ X	səy Yes	Corporation (see Instructions for Form 926)	
		organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
		Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the	ŀ
		Loreign Forms	re4
Page 4	84-1543484	doilatvá malizamaz 0102 (000 myo4) A alube	

Page 5

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Schedule F (Form 990) 2010 Samaritan Aviation

## 7400-3481 JON BIMO

#### Fundraising or Gaming Activities Supplemental Information Regarding

(Form 990 or 990-EZ) **SCHEDNTE C** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

or licensing. a List all states in which the organization is desired or beared to be spiritually and the profit of the states in which the organization of the states in t Yes No fundralser have custody or control of contributions? listed in col. (i) noitezinegro fundraiser from activity or entity (fundraiser) to (or retained by) to (or retained by) (ii) Activity etgieces receipts (vi) bid (iii) bisq truomA (iv) (i) Name and address of individual bisq fnuomA (v) compensated at least \$5,000 by the organization. b if "Yes," list the ten highest paid individuals or entities (fundralers) pursuant to agreements under which the fundraleer is to be key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? oN [ 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or In-person solicitations Special fundraising events Phone solicitations 9 Solicitation of government grants anoitatiofles liems bus ferrieful striation of non-government grants Anoitations lisM Indicate whether the organization raised funds through any of the following activities. Check all that apply. required to complete this part. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Insq 787E79T-78 Samaritan Aviation Employer identification number Name of the organization or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. neticen плетий Меуелие Бегуісе Sildu9 oT negO Department of the Treasury

Schedule G (Form 990 or 990-EZ) 2010

LHA Paperwork Reduction Act Motice, see the Instructions for Form 990 or 990-EZ.

900-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

21000	2	sezing resO			
3	ŀ	еспоза гечепие			
Develle			ogni8 (s)	tnstanNadst llu9 (d) ognid əvissəngonq\ognid	(c) Other gan
		\$16,000 on Form 990-EZ, line 6a.			
	11	Net income summary. Combine line 3, colu		990. Part IV. line 19. or re	It exom betrode
	10				
	6	Other direct expenses	14,731		
	8	Entertainment			
CHOCL	Ĺ	Food and beverages	. 6.50, 8		
Direct Exherence	9	Rent/facility costs	Z,053.		
g	ŝ	уолсаар ря́хеэ			
	Þ	Sezing rized			
-	3	Gross income (line 1 minus line 2)	1997, ±299, ±29		
	2	Less: Charitable contributions	30,430,		
Devellue	ı	Gross receipts	629' Þ Ŧ		
6			(event type)	(event type)	Imun latot)
			Dinner/Auction		
				1	None
			(a) Event #1	S# tnev3 (d)	(c) Other ev
		of fundraising event contributions and			
ЫC	N)	ule G (Form 990 or 990-EZ) 2010 Sanaz±t		Hod 000 mod of "saY" b	A St Anii VII

	Were any of the organization's gaming lice If "Yes," explain:	revoked, suspended or te	v xet ent gahub betenim		oN seY
	is the organization licensed to operate gan	APAIN IA LIAPA III CANIANAN	201000:		ON SOA
	Enter the state(s) in which the organization				on sey
T	8 Net gaming income summary. Combin	1, column d, and line 7		◀	
	7 Direct expense summary. Add lines 2	gh 5 in column (d)		◀	)
	6 Volunteer labor	% ON Sex	, No	% ON	
T	2 Other direct expenses				
Discot Chocos	◆ Rent/facility costs				
700	\$ Noncash prizes				
365	sezing reso S				
-	1 Gross revenue				
Develle		ognië (s)	tristanikadst liug (d) ognid avissargorgkognid	(c) Other gaming	(d) Total gaming (add col. (a) through coi. (c

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1,392. \$2,807) . I & 7 3 I .

6,023.

2,053,

\*661'⊅8

.054,02

76Z9'FF

(c) 'loo (add col. (a) through

stneve latoT (b)

ctneve rento (c)

2chedule G (Form 990 or 990-EZ) 2010

chedule G (Form 990 or 990-EZ) 2010   Samaritan Aviation	84-1543484	ļ.	Page:
Does the organization operate gaming activities with nonmembers?		Yes	L. N
2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	□ N
3 Indicate the percentage of gaming activity operated in:			14
a The organization's facility	40-		
b An outside facility	138		
4 Enter the name and address of the person who prepares the organization's gaming/special events books and record	<u>  13ь</u>	<u> — </u>	
* Enter the harms and address of the person who prepares the organization's garning/special events books and record	ls:		
Name >			
Name			
Address ▶			
Address			
5a Does the organization have a contract with a third party from whom the exception is		U	<u> </u>
5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	L No
h If "Yes " enter the amount of coming verses as a second builty of the high			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of common revenue reteived by the organization ▶ \$	nt		
of garning revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name N			
Name ►			
Adding N			
Address			
Gaming manager information:			
<b>.</b>			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
		Yes	□ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
organization's own exempt activities during the tax year ▶ \$			
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (iii) and (vi	- and I	Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	nation (see in	otrict	ione)
The state of the s	Hatton (300 II	1311001	Ons).
			•••
			<del></del> ··
		<u>.</u>	

# SCHEDULE I (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
► Attach to Form 990.	Inspection
	Employer identification number
ritan Aviation	84-1543484
on Grants and Assistance	
ain records to substantiate the amount of the great or recisions the great of the little for the	

Schedule I (Form 990) (2010)					ons for Form 990.	see the instructi	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<b>V</b>	ŀ						1
1,					ganizations	nd government or	
						0 0 0 0 0 0	
To provide medication and medical supplies for people in need.	To med		0.	9,129.	501 (c) 3	84-1568566	roject C.U.R.E. Inc 0377 Geddes Ave Ste 200 entennial , CO 80112
	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
, line 21, for any	ation answered "Yes" to Form 990, Part IV, line be duplicated if additional space is needed	ınization answered "Y can be duplicated if a	omplete if the organan \$5,000. Part II	t received more th	d Organizations in the box if no one recipier	Governments and \$5,000. Check this	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.
			d States.	funds in the United	loring the use of grant	cedures for monit	<u>~~~~~</u>
n X Yes No	the grants or assistance, and the selection		grantees' eligibility	or assistance, the	e amount of the grants	to substantiate the stance?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for criteria used to award the grants or assistance?
						nd Assistance	1 2
84-1543484						TOT	4

84-1543484

Page 2

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Schedule I (Form 990) (2010)

### Silduff of negO OMB No. 1545-0047

Inspection

#### Noncash Contributions

(Form 990) SCHEDOLE M

.06 no 82 sent IV, lines 29 or 30. Tormplete if the organizations answered "Yes" on Form Department of the Tressury internal Revenue Service

Name of the organization ► Attach to Form 990.

Schedule M (Form 990) (2010)		.066 mao Form 990.	sitourtent ed:	For Paperwork Reduction Act Motice, see t	AH.
				describe in Part II.	
жед,	r tor which column (a) is chea	s type of property	iof (a) nmulos	If the organization did not report an amount in o	83
				If "Yes," describe in Part II.	
32e x	***************************************			contributions?	-
	t, process, or sell noncash	anizations to solicit	or related orga	Does the organization hire or use third parties or	870
ioue?				Does the organization have a gift acceptance p	31
				If "Yes," describe the arrangement in Part II.	_
х вос				the entire holding period?	ч
f purposes for	dnited to be need tot exemb	AND WITION IS NOT YE	s 'uonnamuo:	at least three years from the date of the initial c	
ונ ונותפנ נוסוס נסג	1801 07-1 Seul 'i lusa ili park	oda i Aughord Aus i oda i Aughord Aus i	nondanda.	During the year, did the organization receive by	
ON SBY	4- 4- 00 k 11   hard 45 krew.		coitudistace,	ad evisees anitesiaemo edt bib geev edt painio	50£
T	sment 29	egoenwouwow eeuc	יסי בפונ וגי דע	for which the organization completed Form 828	
•				Mumber of Forms 8283 received by the organization whiteholds are selected to the organization and betelomes are selected to the organization and the organization are selected to the organization and the organization are selected to the organization are selected to the organization and the organization are selected to the organization and the organization are selected to the organization are selected to the organization and the organization are selected to the organization are selected to the organization and the organization are selected to the organizati	
	a a citudista	CO NOT NEED WAT ONLY	Politic goites		67
·	-		ļ	Other (	82
				Other (	72
enlav dektem tis	<u> </u>		<u> </u>	Other (	92
onlay todaem wie	a .00∂,8	99	х	Other (Auction items )	\$2
<del></del>	<u> </u>	<del></del>		Archeological artifacts	54
<del></del>	·		ļ	Scientific specimens	23
	<u> </u>			Historical artifacts	22
				үмтэріхяТ	rs
			ļ	Prugs sud medical supplies	92
		.,		Food juventory	61
				ollectibles	81
				Real estate · Other	<b>Z</b> L
		<u> </u>		Real estate • Commercial	91
				Rest estate · Residential	91
				Qualified conservation contribution - Other	ÞΙ
				Historic structures	
		<u> </u>	<u> </u>	Qualified conservation contribution	13
				Securities - Miscellaneous	15
<u> </u>				trust interests	
				Securities · Partnership, LLC, or	FF
				Securities • Closely held stock	10
				Securities · Publicly traded	6
				Intellectual property	8
air market value	i 'SIT'ITI	I	х	Boats and planes	L
				Cars and other vehicles	9
				Clothing and household goods	9
				Books and publications	Þ
				Art - Fractional interests	ε
				Art • Historical treasures	2
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noncash contribution amounts	Form 990, Part VIII, line 1g				
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#### Supplemental Information to Form 990 or 990-EZ

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

aviation industry experience. The process and voting is documented in the bases it on what they see as fair compensation using management and Aviation's Board of Directors decides on the salary of top management and Form 990, Part VI, Section B, Line 15a: Independent members of Samaritan Committee. enforced through oversight by the Board of Directors and Executive Form 990, Park VI, Section B, Line 12c: The conflict of interest policy is Service. made available to the board prior to being filed with the Internal Revenue independent CPA Lirm, reviewed by the executive and finance teams, and then Form 990, Part VI, Section B, Line 11: The Form 990 is prepared by an authority to act on behalf of the governing body. Form 990, Part VI, Section A, line 8b: There are no committees with the Palm are brothers. Form 990, Part VI, Section A, line 2: Board members Mark Palm and Matthew organization & their families to offer our continuous support through our Form 990, Part III, Line 4a, Program Service Accomplishments: **787575T-78** Samaritan Aviation Employer identification number Name of the organization juzbecțiou eoivied eurevenue Service yueserT editio trembaqeQ

LHA For Paperwork Reduction Act Motice, see the Instructions for Form 990 or 990-EZ. Form 990, Part VI, Section C, Line 19: These documents are available upon

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