

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Samaritan's Purse</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>PO Box 3000</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>Boone NC 28607</b>		<b>D</b> Employer identification number <p style="text-align: center;"><b>58-1437002</b></p>
	<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>W. Franklin Graham III</b> <b>(see above)</b> <b>NC 28607</b></p>		<b>E</b> Telephone number <p style="text-align: center;"><b>828-262-1980</b></p>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>684,094,830</b>
	<b>J</b> Website: ▶ <b>www.samaritan.org</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

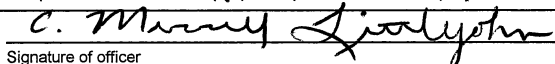
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1980</b>	<b>M</b> State of legal domicile: <b>NC</b>
---	---	---

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>Samaritan's Purse is a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world with the purpose of sharing God's love through His Son, Jesus Christ.</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>17</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>12</b>	
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>2500</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>203000</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>585,894,450</b>	<b>618,394,971</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,557,843</b>	<b>1,623,373</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,778,324</b>	<b>2,373,227</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>558,575</b>	<b>470,537</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>593,789,192</b>	<b>622,862,108</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>222,969,565</b>	<b>244,953,281</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>98,867,827</b>	<b>118,625,171</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>42,567,892</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>183,104,732</b>	<b>205,720,289</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>504,942,124</b>	<b>569,298,741</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>88,847,068</b>	<b>53,563,367</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>427,702,247</b>	<b>489,986,730</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>41,125,461</b>	<b>52,405,912</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>386,576,786</b>	<b>437,580,818</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <b>08/04/2017</b>
	Type or print name and title <b>C. Merrill Littlejohn VP-Finance/CFO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date <b>08/04/17</b>	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶
	Firm's address ▶	Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 276,635,364 including grants of \$ 222,282,017 ) (Revenue \$ ) OPERATION CHRISTMAS CHILD: This is a project of Samaritan's Purse that collects and delivers gift-filled shoeboxes to millions of hurting children around the world. We do this to demonstrate God's love, gain a hearing for the Gospel, and share the true meaning of Christmas--the birth of Jesus Christ, our Lord and Savior. Jesus told us, "Go therefore and make disciples of all the nations" (Matthew 28:19). In 2016, Operation Christmas Child reached boys and girls in 104 countries with a record 11,486,773 gift boxes, including 9,122,910 collected in the U.S. Since 1993, OCC has handed out 146.8 million shoebox gifts. The 2017 National Collection Week will be November 13-20 at thousands of locations across the U.S.

4b (Code: ) (Expenses \$ 37,984,889 including grants of \$ 1,420,329 ) (Revenue \$ ) SOUTH SUDAN RELIEF: Samaritan's Purse has been working in South Sudan for more than 20 years--long before the nation gained independence in 2011. Working in the Name of Jesus, we provided food for nearly 900,000 refugees and displaced people in 2016, as well as water for more than 105,000 individuals. Samaritan's Purse operates the only surgical hospital in Maban County, and our international medical teams have provided cataract surgery for over 500 individuals and cleft-lip surgery for 73 more. Over 1,200 graduated from Biblical literacy and discipleship classes, and more than 123,000 heard the Gospel through the JESUS film, and other projects.

4c (Code: ) (Expenses \$ 17,581,783 including grants of \$ 384,663 ) (Revenue \$ ) GREECE REFUGEE RELIEF: More than 170,000 refugees entered Greece in 2016 from the Middle East, and many of them were stranded there when borders closed. Samaritan's Purse worked with local churches and agencies to provide refugees with food, shelter, water, clothing, and other essentials; as well as restorative activities such as sports ministries. Samaritan's Purse has supplied over 50,000 women and children with backpacks loaded with items they need on their journey into Europe. We provided 1.7 million meals and distributed 67,000 pieces of clothing, much of it to help refugees deal with cold weather. As we help meet meet their daily needs, God has given us opportunities to show refugees how much He loves them.

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

(Expenses \$ 167,421,899 including grants of \$ 20,866,272 ) (Revenue \$ 1,623,373 )

4e Total program service expenses u 499,623,935

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)		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		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		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>X</b>	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u See Schedule O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>X</b>	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>4</b>	
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>X</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 main rows for questions 1a through 9, and sub-rows for 1b, 7a, 7b, 8a, 8b. Includes 'Yes' and 'No' columns. Some 'X' marks are present in the 'Yes' column for questions 2, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 17 main rows for questions 10a through 16b, and sub-rows for 10b, 11b, 12a, 12b, 12c, 15a, 15b. Includes 'Yes' and 'No' columns. 'X' marks are present in the 'Yes' column for questions 10a, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u AK, CA, FL, GA, HI, IL, LA, MD, MN, MS, NH, NM, NC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: u

C. Merrill Littlejohn 801 Bamboo Road NC 28607 828-262-1980 Boone

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

Check if Schedule O contains a response or note to any line 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>W. Franklin Graham III</b> ..... Bd Mem/Chr/Pres/CEO	40.00 ..... 0.00	X		X				603,231	0	110,615
(2) <b>Phyllis T. Payne</b> ..... Bd Mem/Sec/VP-CorpAf	40.00 ..... 0.00	X		X				269,364	0	40,481
(3) <b>Felix Martin del Campo, Jr.</b> ..... Bd Mem/Consultant	3.00 ..... 0.00	X						15,000	0	0
(4) <b>Sterling C. Carroll</b> ..... Board Mem/Treasurer	1.00 ..... 0.00	X		X				0	0	0
(5) <b>Michael L. Cheatham</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0
(6) <b>Richard W. Furman</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0
(7) <b>Pedro Garcia</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0
(8) <b>Melvin F. Graham</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0
(9) <b>Roy A. Graham</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0
(10) <b>J. Michael Harwood</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0
(11) <b>Louis F. Heitzig</b> ..... Board Member	1.00 ..... 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Thomas M. Hodges IV</b>	1.00									
Board Member	0.00	X					0	0	0	
(13) <b>Douglas A. Horne</b>	1.00									
Board Member	0.00	X					0	0	0	
(14) <b>James L. Oliver</b>	1.00									
Board Member	0.00	X					0	0	0	
(15) <b>Brian D. Pauls</b>	1.00									
Board Member/Vice Ch	0.00	X		X			0	0	0	
(16) <b>Jerry L. Prevo</b>	1.00									
Board Member	0.00	X					0	0	0	
(17) <b>Paul T. Saber</b>	1.00									
Board Member	0.00	X					0	0	0	
(18) <b>Robert R. Shank</b>	1.00									
Board Member	0.00	X					0	0	0	
(19) <b>John L. Scott</b>	1.00									
Board Member	0.00	X					0	0	0	
<b>1b Sub-total</b>							<b>887,595</b>		<b>151,096</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>2,309,273</b>		<b>373,903</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>3,196,868</b>		<b>524,999</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 57**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>DeMoss</b> <b>Atlanta</b> 3343 Peachtree Rd NE Suite 1000 GA 30326	<b>Comm/Media/PR</b>	710,090
<b>Garrison &amp; Sloan</b> <b>Miami</b> 17940 S.W. 168th Street FL 33187	<b>Consulting</b>	317,400
<b>Thomas W Coomes(Coomes Worship Band)</b> <b>Nashville</b> 900 20th Avenue S #611 TN 37212	<b>MinistryConfSvc</b>	259,559
<b>JHS Architecture &amp; Integrated Design</b> <b>Columbia</b> 1812 Lincoln Street Ste 300 SC 29201	<b>Architectural</b>	250,180
<b>Richard F. Capin</b> <b>Charlotte</b> 10225 Old Ardrey Kell Road NC 28277	<b>Consulting</b>	136,500

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>C. Merrill Littlejohn</b>	40.00									
VP-Finance/CFO	0.00			X			239,069	0	40,670	
(21) <b>Donna Pierce</b>	40.00									
Asst. Secretary	0.00			X			142,076	0	31,141	
(22) <b>James Furman</b>	1.00									
Asst Treas	0.00			X			0	0	0	
(23) <b>Ronald Wilcox</b>	40.00									
COO	0.00				X		268,527	0	40,359	
(24) <b>J. Kenneth Isaacs</b>	40.00									
VP-Prog/Govt Rel	0.00				X		267,744	0	41,109	
(25) <b>James Harrelson</b>	40.00									
VP-OpChristmasChild	0.00				X		266,980	0	41,781	
(26) <b>William Maupin</b>	40.00									
VP-Info Technology	0.00					X	241,040	0	40,463	
(27) <b>James Dailey</b>	40.00									
VP-Comm	0.00					X	237,744	0	37,643	
<b>1b Sub-total</b>							<b>1,663,180</b>		<b>273,166</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>James Loscheider</b>	40.00									
VP-Donor Min	0.00					X	221,245	0	34,574	
(29) <b>J. Luther Harrison</b>	40.00									
VP-North Amer Min	0.00					X	214,988	0	31,653	
(30) <b>Christopher Weeks</b>	40.00									
Cf Lgl Offr/Dir Aff	0.00					X	209,860	0	34,510	
<b>1b Sub-total</b>							<b>646,093</b>		<b>100,737</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>u</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 1,088,698					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 31,888,704					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 585,417,569					
	<b>g</b> Noncash contributions included in lines 1a-1f:	\$ 240,976,124					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 618,394,971					
	<b>Program Service Revenue</b>	<b>2a</b> BGEA Shared Services	Busn. Code 900099	1,266,545	1,266,545		
<b>b</b> Missionary Aircraft		900099	356,828	356,828			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b> 1,623,373					
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 1,225,493				1,225,493
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	80,961				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	80,961					
	<b>d</b> Net rental income or (loss)	<b>u</b> 80,961				80,961	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	61,418,030				
		(ii) Other	962,426				
	<b>b</b> Less: cost or other basis & sales exps.	60,325,125	907,597				
	<b>c</b> Gain or (loss)	1,092,905	54,829				
	<b>d</b> Net gain or (loss)	<b>u</b> 1,147,734				1,147,734	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
Miscellaneous Revenue		Busn. Code					
<b>11a</b> Discounts/Other	900099	389,576				389,576	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b> 389,576						
<b>12 Total revenue.</b> See instructions.	<b>u</b> 622,862,108		1,623,373	0		2,843,764	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,112,579	3,112,579		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	552,577	552,577		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	241,288,125	241,288,125		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,418,147	1,054,841	936,835	426,471
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	435,031	239,282	95,026	100,723
7 Other salaries and wages	86,715,370	63,545,109	10,046,896	13,123,365
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,606,719	2,136,634	644,003	826,082
9 Other employee benefits	20,797,391	14,920,329	3,215,393	2,661,669
10 Payroll taxes	4,652,513	2,911,998	765,634	974,881
11 Fees for services (non-employees):				
a Management				
b Legal	557,091	262,544	294,547	
c Accounting	246,612	116,705	129,907	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,076,228	12,236,581	1,236,172	1,603,475
12 Advertising and promotion	15,137,767	6,190,798	770,230	8,176,739
13 Office expenses	18,168,937	10,164,930	1,070,027	6,933,980
14 Information technology	1,483,989	407,400	1,076,437	152
15 Royalties	275,260	275,260		
16 Occupancy	13,394,039	9,936,519	2,845,169	612,351
17 Travel	39,206,885	34,621,076	1,233,905	3,351,904
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,263,720	723,994	15,706	524,020
20 Interest	95,390		95,390	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,925,798	9,829,273	2,215,880	2,880,645
23 Insurance	111,900	60,426	22,380	29,094
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Project mtls/supplies-var	34,755,001	34,754,914	11	76
b Transpt-relief/othr matls	24,271,650	24,222,093	4,375	45,182
c Construction Prog mtls	9,780,984	9,780,984		
d Bibles/evangelistic mtls	9,371,995	9,309,360	12,666	49,969
e All other expenses	7,597,043	6,969,604	380,325	247,114
25 Total functional expenses. Add lines 1 through 24e	569,298,741	499,623,935	27,106,914	42,567,892
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	14,794,820	5,781,088	141,500	8,872,232

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X  **X**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>131,692,818</b>	<b>1</b>	<b>165,545,684</b>
	<b>2</b> Savings and temporary cash investments	<b>200,513</b>	<b>2</b>	<b>201,016</b>
	<b>3</b> Pledges and grants receivable, net	<b>9,582,703</b>	<b>3</b>	<b>9,551,975</b>
	<b>4</b> Accounts receivable, net	<b>2,328,813</b>	<b>4</b>	<b>3,170,972</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>34,864,840</b>	<b>8</b>	<b>36,532,601</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>4,193,281</b>	<b>9</b>	<b>6,537,861</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a 216,515,003</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b 89,394,828</b>	<b>112,084,775</b>	<b>10c 127,120,175</b>
	<b>11</b> Investments—publicly traded securities	<b>129,495,938</b>	<b>11</b>	<b>137,128,928</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>3,258,566</b>	<b>15</b>	<b>4,197,518</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>427,702,247</b>	<b>16</b>	<b>489,986,730</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>21,719,970</b>	<b>17</b>	<b>28,505,873</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>19,405,491</b>	<b>25</b>	<b>23,900,039</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>41,125,461</b>	<b>26</b>	<b>52,405,912</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>215,948,226</b>	<b>27</b>	<b>248,003,316</b>
	<b>28</b> Temporarily restricted net assets	<b>170,628,560</b>	<b>28</b>	<b>188,570,493</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	<b>1,007,009</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>386,576,786</b>	<b>33</b>	<b>437,580,818</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>427,702,247</b>	<b>34</b>	<b>489,986,730</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>622,862,108</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>569,298,741</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>53,563,367</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>386,576,786</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-571,849</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-1,987,486</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>437,580,818</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
<b>2</b> (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

A series of horizontal dotted lines for writing supplemental information.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>Samaritan's Purse</b>	<b>58-1437002</b>

**Organization type** (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 31,759,672	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....	<b>1,006,651</b>				
<b>c</b> Net investment earnings, gains, and losses .....	<b>17,358</b>				
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	<b>-17,000</b>				
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	<b>1,007,009</b>				

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** **100.00** %
- c** Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>11,138,088</b>		<b>11,138,088</b>
<b>b</b> Buildings .....		<b>82,108,543</b>	<b>24,474,708</b>	<b>57,633,835</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>123,268,372</b>	<b>64,920,120</b>	<b>58,348,252</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **127,120,175**

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Planned Giving Program Liability</b>	<b>23,900,039</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>23,900,039</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>634,795,839</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>-571,849</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>14,697,378</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>14,125,529</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>620,670,310</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>2,191,798</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>2,191,798</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>622,862,108</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>583,791,807</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>14,697,378</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>14,697,378</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>569,094,429</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>204,312</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>204,312</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>569,298,741</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses for Endowment Funds**

Endowment funds held by the Ministry are invested to provide a long-term funding source to supplement the activities of Operation Heal Our Patriots.

**Part X - FIN 48 Footnote**

The Ministry is exempt from federal income taxes, and contributions to the Ministry are deductible as charitable contributions under Internal Revenue Code Section 170. The Internal Revenue Service has issued an updated determination letter to the Ministry stating that it continues to qualify for tax-exempt status under Internal Revenue Code Section 501(c)(3); that it is not a private foundation, and that it is classified as a public charity as described in 509(a)(1) and 170(b)(1)(A)(i). The Ministry has

**Part XIII Supplemental Information** *(continued)*

determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2016.

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

Planned Giving Beneficiary Payments \$ 1,987,486

Planned Giving Admin Fees \$ 204,312

**Part XII, Line 4b - Expense Amounts Included on Return - Other**

Planned Giving Admin Fees \$ 204,312

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**u** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
**u** Attach to Form 990.

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America					
(1)	2	150	Program Svcs	EmerRel/ComDev/Child	6,530,717
Central America					
(2)			Grants		21,562,108
East Asia and Pacific					
(3)	6	397	Program Svcs	EmerRel/CommDev/Oth	9,389,609
East Asia and Pacific					
(4)			Grants		23,621,548
Europe					
(5)	2	351	Program Svcs	EmerRel/ChEd/Comm	18,453,289
Europe					
(6)			Grants		983,843
Middle East & North Africa					
(7)	1	173	Program Svcs	EmerRel/Med Asst/Oth	10,270,470
Middle East & North Africa					
(8)			Grants		8,384,360
North America					
(9)			Program Svcs	Med Asst/EmerRel	512
North America					
(10)			Grants		21,030,028
Russia					
(11)		1	Grants		12,223,396
South America					
(12)	1	77	Program Svcs	EmerRel/CommDev/Oth	5,419,851
South America					
(13)			Grants		23,092,823
South Asia					
(14)	2	79	Program Svcs	EmerRel/CommDev/Oth	4,590,061
South Asia					
(15)			Grants		14,609,794
Sub-Saharan Africa					
(16)	6	2,694	Program Svcs	EmerRel/CommDev/Oth	70,648,876
Sub-Saharan Africa					
(17)			Grants		115,780,219
<b>3a Sub-total</b> .....	<b>20</b>	<b>3,922</b>			<b>366,591,504</b>
<b>b</b> Total from continuation sheets to Part I .....					
<b>c Totals</b> (add lines 3a and 3b)	<b>20</b>	<b>3,922</b>			<b>366,591,504</b>

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East & North Africa	Emergency Relief	1,509,000	Wire			
(2)			Middle East & North Africa	Christian Education	646,000	Check			
(3)			Middle East & North Africa	Emergency Relief	576,200	Wire			
(4)			Middle East & North Africa	Christian Education	517,355	ACH			
(5)			Middle East & North Africa	Emergency Relief	332,919	Check/Wire/Cash			
(6)			South Asia	Comm Dev	308,556	Check			
(7)			Central America and the Caribbean	Children's Ministry	276,524	Check			
(8)			Middle East & North Africa	Christian Education	210,500	Wire			
(9)			South Asia	Comm Dev	184,428	Check			
(10)			Middle East & North Africa	Comm Dev	160,000	Cash			
(11)			Middle East & North Africa	Emergency Relief	150,000	Wire			
(12)			Middle East & North Africa	Medical Assistance	144,000	Wire			
(13)			Middle East & North Africa	Emergency Relief	135,000	Wire			
(14)			Sub-Saharan Africa	Christian Education	130,000	Cash/Check			
(15)			Sub-Saharan Africa	Comm Dev	127,857	Wire			
(16)			Sub-Saharan Africa	Christian Education	119,001	Check			

2 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 ..... **u** 288

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East & North Africa	Comm Dev	112,000	Wire			
(2)			Middle East & North Africa	Medical Assistance	102,164	Check			
(3)			East Asia/Pacific	Comm Dev	101,500	Wire			
(4)			Middle East & North Africa	Comm Dev	100,095	Wire			
(5)			Sub-Saharan Africa	Children's Ministry	100,000	ACH			
(6)			Europe	Christian Education	100,000	Wire			
(7)			South Asia	Comm Dev	98,198	Check			
(8)			Central America and the Caribbean	Emergency Relief	96,231	Wire			
(9)			East Asia/Pacific	Christian Education	94,995	ACH			
(10)			Middle East & North Africa	Emergency Relief	90,845	Wire			
(11)			Europe	Emergency Relief	90,000	Wire			
(12)			Sub-Saharan Africa	Medical Assistance	85,496	Check			
(13)			Middle East & North Africa	Emergency Relief	85,000	Wire			
(14)			Sub-Saharan Africa	Medical Assistance	80,190	Check			
(15)			Middle East & North Africa	Comm Dev	80,000	Wire			
(16)			Middle East & North Africa	Children's Ministry	67,500	Wire			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East & North Africa	Emergency Relief	66,000	Wire			
(2)			South Asia	Christian Education	64,250	Wire			
(3)			South Asia	Children's Ministry	64,000	Wire			
(4)			Middle East & North Africa	Christian Education	63,250	Wire			
(5)			Sub-Saharan Africa	Comm Dev	62,226	Check/Cash/Wire			
(6)			Middle East & North Africa	Comm Dev	61,300	Check			
(7)			East Asia/Pacific	Comm Dev	60,102	Wire			
(8)			Middle East & North Africa	Christian Education	60,000	Wire			
(9)			Middle East & North Africa	Christian Education	60,000	Check			
(10)			Europe	Christian Education	59,428	Wire			
(11)			South Asia	Children's Ministry	58,750	Wire			
(12)			Middle East & North Africa	Comm Dev	55,556	Wire			
(13)			Middle East & North Africa	Emergency Relief	55,200	Cash			
(14)			Middle East & North Africa	Children's Ministry	55,134	Check			
(15)			Middle East & North Africa	Medical Assistance	55,000	ACH			
(16)			Sub-Saharan Africa	Comm Dev	53,000	ACH			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Comm Dev	51,282	Check/Cash/Wire			
(2)			Middle East & North Africa	Christian Education	50,000	ACH			
(3)			Middle East & North Africa	Children's Ministry	50,000	ACH			
(4)			Middle East & North Africa	Children's Ministry	50,000	ACH			
(5)			Europe	Christian Education	47,000	Wire			
(6)			South Asia	Christian Education	45,200	Check			
(7)			East Asia/Pacific	Children's Ministry	42,000	Wire			
(8)			Europe	Christian Education	41,000	Wire			
(9)			Middle East & North Africa	Medical Assistance	40,000	ACH			
(10)			Europe	Christian Education	39,000	Wire			
(11)			South Asia	Children's Ministry	38,750	Wire			
(12)			Sub-Saharan Africa	Christian Education	37,471	ACH			
(13)			Sub-Saharan Africa	Emergency Relief	37,239	Wire			
(14)			Russia	Christian Education	36,700	ACH			
(15)			Sub-Saharan Africa	Christian Education	36,206	Wire/Check			
(16)			Middle East & North Africa	Comm Dev	36,000	Wire			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	Emergency Relief	35,804	Wire			
(2)			Middle East & North Africa	Christian Education	35,000	Wire			
(3)			Sub-Saharan Africa	Medical Assistance	34,316	Check			
(4)			East Asia/Pacific	Christian Education	32,498	Wire			
(5)			Sub-Saharan Africa	Medical Assist.	30,680	Wire			
(6)			East Asia/Pacific	Children's Ministry	30,500	Wire			
(7)			Middle East & North Africa	Children's Ministry	30,500	Wire			
(8)			Sub-Saharan Africa	Children's Ministry	30,444	Wire			
(9)			South Asia	Comm Dev	30,267	Check			
(10)			Middle East & North Africa	Medical Assistance	30,000	ACH			
(11)			East Asia/Pacific	Emergency Relief	29,042	Wire			
(12)			East Asia/Pacific	Children's Ministry	29,000	Wire			
(13)			Sub-Saharan Africa	Children's Ministry	29,000	ACH			
(14)			Middle East & North Africa	Emergency Relief	28,125	Wire			
(15)			South America	Children's Ministry	27,500	Wire			
(16)			Sub-Saharan Africa	Children's Ministry	27,500	ACH			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Christian Education	27,500	ACH			
(2)			South Asia	Comm Dev	27,000	Wire			
(3)			Sub-Saharan Africa	Children's Ministry	26,876	Wire			
(4)			Central America and the Caribbean	Children's Ministry	26,000	Wire			
(5)			Sub-Saharan Africa	Children's Ministry	26,000	Wire			
(6)			Sub-Saharan Africa	Children's Ministry	25,008	Wire/Check			
(7)			Middle East & North Africa	Emergency Relief	25,000	Wire			
(8)			Middle East & North Africa	Comm Dev	25,000	ACH			
(9)			Europe	Emergency Relief	25,000	Wire			
(10)			Middle East & North Africa	Emergency Relief	25,000	ACH			
(11)			South Asia	Children's Ministry	24,500	Wire			
(12)			South America	Christian Education	24,500	Wire			
(13)			South Asia	Emergency Relief	24,196	Check			
(14)			Middle East & North Africa	Christian Education	24,000	Wire			
(15)			Middle East & North Africa	Children's Ministry	22,500	Wire			
(16)			Europe	Children's Ministry	22,250	Wire			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South Asia	Children's Ministry	22,082	Wire			
(2)			Sub-Saharan Africa	Christian Education	21,450	Wire			
(3)			South Asia	Medical Assistance	20,740	Check			
(4)			East Asia/Pacific	Children's Ministry	20,570	Check			
(5)			East Asia/Pacific	Christian Education	20,300	ACH			
(6)			Sub-Saharan Africa	Children's Ministry	20,000	Wire			
(7)			Sub-Saharan Africa	Children's Ministry	20,000	Check			
(8)			Europe	Children's Ministry	20,000	Wire			
(9)			Europe	Emergency Relief	20,000	ACH			
(10)			Middle East & North Africa	Christian Education	20,000	Cash			
(11)			Middle East & North Africa	Emergency Relief	20,000	Wire			
(12)			Sub-Saharan Africa	Comm Dev	20,000	Wire			
(13)			Europe	Comm Dev	20,000	Wire			
(14)			Middle East & North Africa	Emergency Relief	20,000	Wire			
(15)			Sub-Saharan Africa	Children's Ministry	20,000	Wire			
(16)			Sub-Saharan Africa	Medical Assistance	18,942	ACH			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Children's Ministry	18,300	Check			
(2)			Middle East & North America	Christian Education	18,120	ACH			
(3)			South Asia	Children's Ministry	18,000	Wire			
(4)			South Asia	Emergency Relief	17,389	ACH			
(5)			Sub-Saharan Africa	Christian Education	16,500	Wire			
(6)			Europe	Emergency Relief	16,442	Wire			
(7)			Sub-Saharan Africa	Christian Education	16,000	Wire/Check			
(8)			Sub-Saharan Africa	Christian Education	16,000	Wire			
(9)			South Asia	Comm Dev	16,000	Wire			
(10)			East Asia/Pacific	Children's Ministry	15,525	Wire			
(11)			Sub-Saharan Africa	Medical Assistance	15,000	ACH			
(12)			Middle East & North America	Christian Education	15,000	Wire			
(13)			Middle East & North America	Christian Education	15,000	Wire			
(14)			North America	Emergency Relief	15,000	Wire			
(15)			South Asia	Christian Education	15,000	Wire			
(16)			Sub-Saharan Africa	Emergency Relief	14,840	Wire			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Children's Ministry	12,750	Wire			
(2)			Sub-Saharan Africa	Emergency Relief	12,750	Wire			
(3)			East Asia/Pacific	Medical Assistance	12,000	ACH			
(4)			Sub-Saharan Africa	Medical Assistance	12,000	Check			
(5)			East Asia/Pacific	Emergency Relief	12,000	Wire			
(6)			Sub-Saharan Africa	Children's Ministry	11,066	Wire/Check			
(7)			Sub-Saharan Africa	Children's Ministry	11,050	Wire			
(8)			East Asia/Pacific	Children's Ministry	11,000	Wire			
(9)			South America	Children's Ministry	11,000	Wire			
(10)			South Asia	Comm Dev	10,599	Wire			
(11)			Sub-Saharan Africa	Medical Assistance	10,271	Wire			
(12)			Sub-Saharan Africa	Comm Dev	10,000	ACH			
(13)			East Asia/Pacific	Christian Education	10,000	Check			
(14)			Sub-Saharan Africa	Medical Assistance	10,000	Check			
(15)			Sub-Saharan Africa	Medical Assistance	10,000	ACH			
(16)			South Asia	Medical Assistance	10,000	Wire			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Children's Ministry	10,000	Check			
(2)			Russia	Children's Ministry	10,000	ACH			
(3)			South Asia	Comm Dev	10,000	Wire			
(4)			Russia	Children's Ministry	10,000	ACH			
(5)			Central America and the Caribbean	Emergency Relief	10,000	Wire			
(6)			South America	Emergency Relief	10,000	Wire			
(7)			East Asia/Pacific	Comm Dev	9,500	Wire			
(8)			South America	Children's Ministry	9,000	Wire			
(9)			South America	Children's Ministry	9,000	Wire			
(10)			Europe	Children's Ministry	9,000	Wire			
(11)			Sub-Saharan Africa	Emergency Relief	9,000	Check/Cash/Wire			
(12)			Middle East & North Africa	Children's Ministry	8,600	Wire			
(13)			Russia	Children's Ministry	8,568	ACH			
(14)			Sub-Saharan Africa	Children's Ministry	8,500	Check			
(15)			South Asia	Comm Dev	8,250	ACH			
(16)			South Asia	Medical Assistance	7,651	Check			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Children's Ministry	7,540	Wire			
(2)			Sub-Saharan Africa	Comm Dev	7,500	Wire			
(3)			Sub-Saharan Africa	Children's Ministry	7,300	Wire			
(4)			Sub-Saharan Africa	Medical Assistance	7,000	Wire			
(5)			South Asia	Community Dev	7,000	Wire			
(6)			South Asia	Emergency Relief	6,980	ACH			
(7)			Sub-Saharan Africa	Comm Dev	6,950	Wire			
(8)			Middle East & North Africa	Christian Education	6,700	Check			
(9)			Europe	Christian Education	6,094	Check			
(10)			Sub-Saharan Africa	Medical Assistance	6,091	Check			
(11)			Sub-Saharan Africa	Comm Dev	6,020	Wire			
(12)			Sub-Saharan Africa	Medical Assistance	6,000	Check			
(13)			Sub-Saharan Africa	Medical Assistance	6,000	Wire			
(14)			Sub-Saharan Africa	Comm Dev	6,000	Cash			
(15)			Sub-Saharan Africa	Children's Minstry	5,850	Wire			
(16)			North America	Emergency Relief	5,800	Wire			

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia/Pacific	Children's Ministry	5,624	Wire			
(2)			Central America and the Caribbean	Medical Assistance	5,400	ACH			
(3)			South Asia	Emergency Relief	5,250	ACH			
(4)			South Asia	Christian Education	5,200	ACH			
(5)			South Asia	Children's Ministry	5,189	Wire			
(6)			Sub-Saharan Africa	Children's Ministry	5,100	Wire			
(7)			Sub-Saharan Africa	OCC			2,329,336	Shoebbox gifts	FMV
(8)			Sub-Saharan Africa	OCC			1,932,013	Shoebbox gifts	FMV
(9)			Sub-Saharan Africa	OCC			2,135,219	Shoebbox gifts	FMV
(10)			Sub-Saharan Africa	OCC			6,096,066	Shoebbox gifts	FMV
(11)			Sub-Saharan Africa	OCC			6,181,246	Shoebbox gifts	FMV
(12)			Sub-Saharan Africa	OCC			4,464,531	Shoebbox gifts	FMV
(13)			Sub-Saharan Africa	OCC			2,329,336	Shoebbox gifts	FMV
(14)			Sub-Saharan Africa	OCC			4,270,462	Shoebbox gifts	FMV
(15)			Sub-Saharan Africa	OCC			671,324	Shoebbox gifts	FMV
(16)			Sub-Saharan Africa	OCC			6,531,649	Shoebbox gifts	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	OCC			970,563	Shoebox gifts	FMV
(2)			Sub-Saharan Africa	OCC			6,014,559	Shoebox gifts	FMV
(3)			Sub-Saharan Africa	OCC			5,945,266	Shoebox gifts	FMV
(4)			Sub-Saharan Africa	OCC			582,352	Shoebox gifts	FMV
(5)			Sub-Saharan Africa	OCC			4,075,414	Shoebox gifts	FMV
(6)			Sub-Saharan Africa	OCC			5,240,976	Shoebox gifts	FMV
(7)			Sub-Saharan Africa	OCC			6,211,563	Shoebox gifts	FMV
(8)			Sub-Saharan Africa	OCC			191,780	Shoebox gifts	FMV
(9)			Sub-Saharan Africa	OCC			2,911,712	Shoebox gifts	FMV
(10)			Sub-Saharan Africa	OCC			1,164,680	Shoebox gifts	FMV
(11)			Sub-Saharan Africa	OCC			386,303	Shoebox gifts	FMV
(12)			Sub-Saharan Africa	OCC			2,907,037	Shoebox gifts	FMV
(13)			Sub-Saharan Africa	OCC			194,117	Shoebox gifts	FMV
(14)			Sub-Saharan Africa	OCC			6,010,456	Shoebox gifts	FMV
(15)			Sub-Saharan Africa	OCC			3,299,875	Shoebox gifts	FMV
(16)			Sub-Saharan Africa	OCC			3,688,110	Shoebox gifts	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			OCC Sub-Saharan Africa				6,987,961	Shoebox gifts	FMV
(2)			OCC Sub-Saharan Africa				767,119	Shoebox gifts	FMV
(3)			OCC Sub-Saharan Africa				7,376,219	Shoebox gifts	FMV
(4)			OCC Sub-Saharan Africa				1,164,680	Shoebox gifts	FMV
(5)			Medical Assist. Sub-Saharan Africa				396,501	Med/Relf Mtls	FMV
(6)			Medical Assist. Sub-Saharan Africa				320,790	Med/Relf Mtls	FMV
(7)			Medical Assist. Sub-Saharan Africa				299,613	Med/Relf Mtls	FMV
(8)			Medical Assist. Sub-Saharan Africa				274,539	Med/Relf Mtls	FMV
(9)			Medical Assist. Sub-Saharan Africa				229,580	Med/Relf Mtls	FMV
(10)			Medical Assist. Sub-Saharan Africa				222,146	Med/Relf Mtls	FMV
(11)			Medical Assist. Sub-Saharan Africa				169,173	Med/Relf Mtls	FMV
(12)			Medical Assist. Sub-Saharan Africa				159,168	Med/Relf Mtls	FMV
(13)			Medical Assist. Sub-Saharan Africa				128,319	Med/Relf Mtls	FMV
(14)			Medical Assist. Sub-Saharan Africa				124,078	Med/Relf Mtls	FMV
(15)			Medical Assist. Sub-Saharan Africa				113,955	Med/Relf Mtls	FMV
(16)			Medical Assist. Sub-Saharan Africa				97,722	Med/Relf Mtls	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Medical Assist.			55,897	Med/Relf Mtls	FMV
(2)			Sub-Saharan Africa	Medical Assist.			42,875	Med/Relf Mtls	FMV
(3)			Sub-Saharan Africa	Medical Assist.			35,642	Med/Relf Mtls	FMV
(4)			Sub-Saharan Africa	Medical Assist.			34,805	Med/Relf Mtls	FMV
(5)			Sub-Saharan Africa	Medical Assist.			34,354	Med/Relf Mtls	FMV
(6)			Sub-Saharan Africa	Medical Assist.			23,571	Med/Relf Mtls	FMV
(7)			Sub-Saharan Africa	Medical Assist.			18,080	Med/Relf Mtls	FMV
(8)			Sub-Saharan Africa	Medical Assist.			16,586	Med/Relf Mtls	FMV
(9)			Sub-Saharan Africa	Medical Assist.			11,477	Med/Relf Mtls	FMV
(10)			Sub-Saharan Africa	Medical Assist.			9,835	Med/Relf Mtls	FMV
(11)			Sub-Saharan Africa	Medical Assist.			8,625	Med/Relf Mtls	FMV
(12)			Sub-Saharan Africa	Medical Assist.			8,552	Med/Relf Mtls	FMV
(13)			Sub-Saharan Africa	Medical Assist.			6,812	Med/Relf Mtls	FMV
(14)			Sub-Saharan Africa	Medical Assist.			6,000	Med/Relf Mtls	FMV
(15)			Sub-Saharan Africa	Medical Assist.			5,815	Med/Relf Mtls	FMV
(16)			Sub-Saharan Africa	Medical Assist.			5,589	Med/Relf Mtls	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South Asia	OCC			970,562	Shoebox gifts	FMV
(2)			South Asia	OCC			9,897,407	Shoebox gifts	FMV
(3)			South Asia	OCC			2,329,336	Shoebox gifts	FMV
(4)			South Asia	Medical Assist.			203,326	Med/Relf Mtls	FMV
(5)			South America	OCC			8,719,011	Shoebox gifts	FMV
(6)			South America	OCC			9,305,251	Shoebox gifts	FMV
(7)			South America	OCC			388,235	Shoebox gifts	FMV
(8)			South America	OCC			1,358,773	Shoebox gifts	FMV
(9)			South America	OCC			2,523,430	Shoebox gifts	FMV
(10)			South America	OCC			388,235	Shoebox gifts	FMV
(11)			South America	Medical Assist.			192,265	Med/Relf Mtls	FMV
(12)			East Asia/Pacific	OCC			1,941,125	Shoebox gifts	FMV
(13)			East Asia/Pacific	OCC			388,235	Shoebox gifts	FMV
(14)			East Asia/Pacific	OCC			20,187,556	Shoebox gifts	FMV
(15)			East Asia/Pacific	Medical Assist.			69,690	Med/Relf Mtls	FMV
(16)			East Asia/Pacific	Medical Assist.			54,794	Med/Relf Mtls	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia/Pacific	Medical Assist.			10,000	Med/Relf Mtls	FMV
(2)			East Asia/Pacific	Medical Assist.			8,191	Med/Relf Mtls	FMV
(3)			Central America and the Caribbean	OCC			88,972	Shoebox gifts	FMV
(4)			Central America and the Caribbean	OCC			477,207	Shoebox gifts	FMV
(5)			Central America and the Caribbean	OCC			88,972	Shoebox gifts	FMV
(6)			Central America and the Caribbean	OCC			388,235	Shoebox gifts	FMV
(7)			Central America and the Caribbean	OCC			6,987,985	Shoebox gifts	FMV
(8)			Central America and the Caribbean	OCC			582,352	Shoebox gifts	FMV
(9)			Central America and the Caribbean	OCC			6,987,054	Shoebox gifts	FMV
(10)			Central America and the Caribbean	OCC			194,117	Shoebox gifts	FMV
(11)			Central America and the Caribbean	OCC			4,265,762	Shoebox gifts	FMV
(12)			Central America and the Caribbean	OCC			194,117	Shoebox gifts	FMV
(13)			Central America and the Caribbean	OCC			477,207	Shoebox gifts	FMV
(14)			Central America and the Caribbean	Medical Assist.			156,243	Med/Relf Mtls	FMV
(15)			Central America and the Caribbean	Medical Assist.			72,185	Med/Relf Mtls	FMV
(16)			Central America and the Caribbean	Medical Assist.			40,250	Med/Relf Mtls	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Medical Assist.			28,572	Med/Relf Mtls	FMV
(2)			Central America and the Caribbean	Medical Assist.			19,930	Med/Relf Mtls	FMV
(3)			Central America and the Caribbean	Medical Assist.			10,500	Med/Relf Mtls	FMV
(4)			Central America and the Caribbean	Medical Assist.			8,400	Med/Relf Mtls	FMV
(5)			Central America and the Caribbean	Medical Assist.			7,906	Med/Relf Mtls	FMV
(6)			Central America and the Caribbean	Medical Assist.			5,950	Med/Relf Mtsl	FMV
(7)			Central America and the Caribbean	Medical Assist.			5,942	Med/Relf Mtls	FMV
(8)			Middle East & North Africa	OCC			87,899	Shoebox gifts	FMV
(9)			Middle East & North Africa	OCC			582,352	Shoebox gifts	FMV
(10)			Middle East & North Africa	OCC			970,563	Shoebox gifts	FMV
(11)			Middle East & North Africa	OCC			87,899	Shoebox gifts	FMV
(12)			Middle East & North Africa	Medical Assist.			5,178	Med/Relf Mtls	FMV
(13)			North America	OCC			20,983,299	Shoebox gifts	FMV
(14)			Russia	OCC			580,014	Shoebox gifts	FMV
(15)			Russia	OCC			122,534	Shoebox gifts	FMV
(16)			Russia	OCC			1,936,450	Shoebox gifts	FMV

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Russia	OCC			9,499,750	Shoebox gifts	FMV
(2)			Russia	Medical Assist.			15,109	Med/Relf Mtls	FMV
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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 ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Missionary Assistance	Sub-Saharan Africa	1	7,500	Wire			
(2) Christian Education	Sub-Saharan Africa	1	15,500	Checks			
(3) Children's Ministry	Sub-Saharan Africa	1	7,300	Wire			
(4) Missionary Assistance	Europe	1	13,386	Wire			
(5) Christian Education	Sub-Saharan Africa	1	8,500	Cash			
(6) Children's Ministry	South America	1	5,382	Check			
(7) Christian Education	Sub-Saharan Africa	1	5,959	Cash/Check			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

An Acknowledgement of Gift form is sent to the recipient at the time of payment. The recipient will use the form to notify Samaritan's Purse that the funds have been received and give a brief overview of how the funds have been used. For larger or longer running programs, the regional director for the project will communicate regularly with the recipient and obtain a final report on the program. The Ministry's Internal Audit Department may review a grantee's financial records at its discretion.

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
Central America	\$ 6,530,717	\$ 0
Central America	\$ 21,562,108	\$ 0
East Asia and Pacific	\$ 9,389,609	\$ 0
East Asia and Pacific	\$ 23,621,548	\$ 0
Europe	\$ 18,453,289	\$ 0
Europe	\$ 983,843	\$ 0
Middle East & North Africa	\$ 10,270,470	\$ 0
Middle East & North Africa	\$ 8,384,360	\$ 0
North America	\$ 512	\$ 0
North America	\$ 21,030,028	\$ 0
Russia	\$ 12,223,396	\$ 0
South America	\$ 5,419,851	\$ 0
South America	\$ 23,092,823	\$ 0
South Asia	\$ 4,590,061	\$ 0
South Asia	\$ 14,609,794	\$ 0

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**Sub-Saharan Africa** \$ 70,648,876 \$ 0

**Sub-Saharan Africa** \$ 115,780,219 \$ 0

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2016**

Department of the Treasury  
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: .....

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: .....





**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Billy Graham Evangelistic Assoc PO Box 668129 Charlotte NC 28266	41-0692230	3	16,843				Christian Education
(2)	Calvary Tabernacle of Coney Island PO Box 240078 Brooklyn NY 11224	51-0142296	3	284,000				Reconstruction
(3)	Carver Heights Elementary School 411 Bunche Drive Goldsboro NC 27530	56-6001131	3		12,709	FMV	Office Mtls	Comm Dev
(4)	Children's Medical Ministry PO Box 3382 Crofton MD 21114	54-1434743	3		5,086	FMV	Med/Relf Mtls	Medical Assistance
(5)	Christian Health Service Corps PO Box 132 Fruitvale TX 75127	27-1505747	3	10,872				Medical Assistance
(6)	Community Health Outreach (ISABB) 711 West Capital Drive Milwaukee WI 53206	39-1353282	3		6,049	FMV	Med/Relf Mtls	Medical Assistance
(7)	Coney Island Cathedral of Delv Chrc 2816 Mermaid Avenue Brooklyn NY 11224	11-2744627	3	37,320				Reconstruction
(8)	Crossroads Church 168 New Dorp Lane Staten Island NY 10306	32-0020680	3	85,475				Reconstruction
(9)	First Baptist Church of Far Rockawa 1510 Redfern Avenue Far Rockaway NY 11691	11-2535221	3	157,836				Reconstruction

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 30**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	First Church of God, Inc. 1425 Beach Channel Drive Far Rockaway NY 11691	11-2973310	3	61,000				Reconstruction
(2)	Four Holes Baptist Church 1622 Four Holes Road Orangeburg SC 29115	57-0762333	3		71,115	FMV	Med/Relf Mtls	Medical Assistance
(3)	Full Gospel Church of Island Park 4101 Austin Blvd. Island Park NY 11558	23-7325508	3	60,892				Reconstruction
(4)	Global Aid Network 660 International Parkway Ste 100 Richardson TX 75081	95-4578963	3		76,108	FMV	Med/Relf Mtls	Medical Assistance
(5)	Greenwell Springs Baptist Church PO Box 295 Greenwell Springs LA 70739	72-0921983	3	20,000				Reconstruction
(6)	House on the Rock Church 263 Lee Avenue Staten Island NY 10307	13-3777752	3	500,000				Reconstruction
(7)	International Foundation 133 C Street SE Washington DC 20003	53-0204614	3	50,000				Christian Ed/Train
(8)	InterServe USA PO Box 418 Upper Darby PA 19082	23-1644377	3	26,058				Missionary Assistanc
(9)	Jezreel International 10 Interstate Avenue Albany NY 12205	14-1790920	3		42,000	FMV	Med/Relf Mtls	Medical Assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	John Brown University 2000 W. University Street Silaom Springs AR 72761	71-0239576	3	22,932				Emergency Relief
(2)	Liberty University 1971 University Blvd Lynchburg VA 24515	54-0946734	3	14,890				Christian Education
(3)	Mission Aviation Repair Center PO Box 511 Soldotna AK 99669-0511	92-0032812	3	120,313				Christian Ed/Train
(4)	Missionary Flights International 3170 Airmans Drive Fort Pierce FL 34946	23-7199063	3	125,000				Christian Education
(5)	Moody Aviation 6719 E. Rutter Ave, Building 68 Spokane WA 99212	36-2167792	3	50,000				Emer Rel/Missny Asst
(6)	Naomi AMEZ Church 2502 Neptune Avenue Brooklyn NY 11224	11-2496548	3	165,000				Reconstruction
(7)	New Church International 2002 Neptune Avenue Brooklyn NY 11224	47-1061015	3	51,200				Reconstruction
(8)	Provincial Bd of Alaska Moravian Ch PO Box 545 Bethel AK 99559	92-0110419	3	15,200				Christian Education
(9)	Salem Evangelical Free Church 634 Clove Road Staten Island NY 10310	13-3144776	3	181,300				Reconstruction

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Tanalian Bible Camp 101 Church Drive Ports Alsworth AK 99653	92-0138282	3	10,000				Christian Education
(2)	Tanalian School 1400 School Road Port Alsworth AK 99653	92-0057379	3	7,500				Christian Education
(3)	World Gospel Mission PO Box 948 Marion IN 46952	35-0911947	3	36,000				Christian Education
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>Missionary Assistance</b>	<b>11</b>	<b>236,911</b>			
2 <b>Children's Ministry</b>	<b>2</b>	<b>1,400</b>			
3 <b>Operation Christmas Child</b>	<b>13175</b>		<b>314,266</b>	<b>Cost</b>	<b>Shoebox gifts</b>
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Grant recipients are required to submit to Samaritan's Purse an Acknowledgement of Funds form upon receipt of the grant. The form serves to confirm that the funds were received and to report how the funds were used. This process is closely monitored by the Projects Department staff.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

**Samaritan's Purse**

Employer identification number  
**58-1437002**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>X</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>X</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>								
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		<b>X</b>								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		<b>X</b>								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		<b>X</b>								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		<b>X</b>								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 W. Franklin Graham III Bd Mem/Chr/Pres/CEO	(i)	376,359	0	226,872	36,338	74,277	713,846	0
	(ii)	0	0	0	0	0	0	0
2 Phyllis T. Payne Bd Mem/Sec/VP-CorpAf	(i)	265,152	0	4,212	21,200	19,281	309,845	0
	(ii)	0	0	0	0	0	0	0
3 C. Merrill Littlejohn VP-Finance/CFO	(i)	234,209	0	4,860	18,975	21,695	279,739	0
	(ii)	0	0	0	0	0	0	0
4 Donna Pierce Asst. Secretary	(i)	137,216	0	4,860	11,366	19,775	173,217	0
	(ii)	0	0	0	0	0	0	0
5 Ronald Wilcox COO	(i)	264,315	0	4,212	21,200	19,159	308,886	0
	(ii)	0	0	0	0	0	0	0
6 J. Kenneth Isaacs VP-Prog/Govt Rel	(i)	254,313	0	13,431	20,626	20,483	308,853	0
	(ii)	0	0	0	0	0	0	0
7 James Harrelson VP-OpChristmasChild	(i)	262,120	0	4,860	18,048	23,733	308,761	0
	(ii)	0	0	0	0	0	0	0
8 William Maupin VP-Info Technology	(i)	236,180	0	4,860	18,977	21,486	281,503	0
	(ii)	0	0	0	0	0	0	0
9 James Dailey VP-Comm	(i)	233,532	0	4,212	18,647	18,996	275,387	0
	(ii)	0	0	0	0	0	0	0
10 James Loscheider VP-Donor Min	(i)	217,033	0	4,212	16,771	17,803	255,819	0
	(ii)	0	0	0	0	0	0	0
11 J. Luther Harrison VP-North Amer Min	(i)	212,564	0	2,424	17,101	14,552	246,641	0
	(ii)	0	0	0	0	0	0	0
12 Christopher Weeks Cf Lgl Offr/Dir Aff	(i)	205,000	0	4,860	16,547	17,963	244,370	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Part I, Line 1a - Fringe or Expense Explanation****First Class Travel:**

Two key employees and two highly compensated employees each traveled one time via first class airfare for ministry purposes. For three flights, the discounted first class ticket was less than a full fare coach ticket and for one flight, no coach service was available.

**Charter Travel (Ministry-owned aircraft, other missionary aviation and charter trips):**

Samaritan's Purse provides charter travel via the use of ministry-owned aircraft, based in Kenya, Liberia and the United States (Alaska and North Carolina), to perform its evangelism and relief programs or private charters to carry out relief and ministry programs. The aircraft transport listed persons, and other persons, in performance of ministry programs, often in areas not served by commercial air transportation. Any personal use followed the board-approved policy and the related benefit amount per IRS regulations was reported as taxable compensation. Listed persons flown on charter flights were as follows:



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Seven board members, four officers, two key employees, and four highly compensated employees traveled in ministry-owned or chartered aircraft for ministry purposes. A portion of three board members' trips were reported as taxable compensation.

**Travel for Companions:**

As a Christian ministry, we believe that marriage, between one man and one woman, was created by God (Genesis 2:24, Matthew 19:4-6). We also believe that marriage and the family provide a means to glorify and serve God. The significance of God's design for marriage is displayed through the scriptural comparison of the relationship between husband and wife to the relationship between Christ and the Church (Ephesians 5:22-27, Revelation 21:2, 21:9). Samaritan's Purse acknowledges the unique, distinct, and elevated role of marriage and the family, and we desire to affirm God's design for marriage and the family as it pertains to carrying out our mission and ministry (Matthew 5:14-16).

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

The Board of Directors further recognizes that spouses and family members are often passionate ambassadors and ministry partners whose familiarity, support, and direct involvement can expand the impact of our mission and purposes of furthering the Gospel of Jesus Christ (Acts 1:8). Management has implemented the Board's recommendation to actively cultivate the involvement of spouses and family members of Board members and staff in the ministry, through volunteer services, training, discipleship, prayer, sharing the story of our work, development, and other ministry activities.

Travel by companions was for volunteering on ministry projects. The travel by companions resulted in minimal, if any, additional expense to the Ministry. Listed persons with travel for companions were as follows:

Three board members, three officers, two key employees, and four highly compensated employees were accompanied by a companion on ministry activity.

The Board of Directors adopted a policy regarding the President/CEO's travel for family members that includes reporting any personal use as

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

taxable compensation. Also, the Compensation Committee has established a guideline on the maximum amount that may be incurred by the President/CEO for personal use.

**Tax Indemnification and Gross-up Payments:**

Two key employees received gross-up payments pertaining to travel expenses related to family member medical matters. These payments were reviewed and approved by both the Compensation Committee and the Board of Directors, and were treated as taxable.

**Housing Allowance:**

Samaritan's Purse includes as compensation a ministerial housing allowance for persons who meet the IRS guidelines. One officer received a housing allowance.

**Personal Services:**

The Board of Directors has adopted a policy that provides maintenance and bookkeeping services to the President/CEO. The value of these services are

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

reported as taxable compensation and included in the annual reasonableness  
compensation review by the Compensation Committee.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

**u** Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**u** Attach to Form 990 or Form 990-EZ.

**u** Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **u** \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** ..... **u** \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) William Furman	Son Officer	35,159	Comp/benefits		X
(2) Scott Hughett	Son-in-law Dir	130,930	Comp/benefits		X
(3) Marty Cottrell	Son-in-law Dir	69,308	Comp/benefits		X
(4) John Payne	Spouse Dir	48,091	Comp/benefits		X
(5) Jessica Zerkle	Daughter KeyEmp	40,705	Comp/benefits		X
(6) Jane Lynch	Daughter Dir	31,269	Comp/benefits		X
(7) Jane Graham	Spouse Dir	43,663	Comp/benefits		X
(8) Phakjira Isaacs	Da-in-law KyEmp	19,068	Comp/benefits		X
(9) J. Michael Harwood	Director	602,585	Asset purchase		X
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**u** Attach to Form 990.

**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Samaritan's Purse**

Employer identification number

**58-1437002**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications	X		32,307	Cost
5 Clothing and household goods	X		1,140,866	Cost
6 Cars and other vehicles	X	7	169,900	Selling price
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	456	8,024,706	Selling Price
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential	X	4	718,868	Selling Price/Appraisal
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles	X	4	28	Selling Price
19 Food inventory	X	47	6,941,296	Cost
20 Drugs and medical supplies	X	1139	5,911,930	Cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> (Shoebox gifts )	X	9090640	217,504,449	Cost
26 Other <b>u</b> (Agri. Items )	X	26	246,668	Selling Price
27 Other <b>u</b> (Diesel Fuel )	X	4	285,106	Cost
28 Other <b>u</b> ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	13
----	--	----	----

	Yes	No
30a		X
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
b	If "Yes," describe the arrangement in Part II.	
31	X	
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		
32a	X	
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b	If "Yes," describe in Part II.	
33		
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Part I, Line 32b - Third Party Used to Process Noncash Contributions**

Samaritan's Purse utilizes the services of various third parties to assist in liquidating noncash assets donated to the Ministry. The third parties include a brokerage firm for liquidation of publicly traded securities, real estate agents, and consignment agents.

**Schedule M - Supplemental Information**

**Part I, Column (b) - Number of contributions or items contributed**

Samaritan's Purse reports a combination of number of contributions and number of items received, depending on the item donated.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**Samaritan's Purse**

**58-1437002**

**Form 990 - Organization's Mission**

Samaritan's Purse is a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world. Since 1970, Samaritan's Purse has helped meet needs of people who are victims of war, poverty, natural disasters, disease, and famine with the purpose of sharing God's love through His Son, Jesus Christ. The organization serves the church worldwide to promote the Gospel of the Lord Jesus Christ.

**Form 990, Part I, Line 6**

The Ministry uses volunteers in World Medical Mission, Operation Christmas Child, Operation Heal Our Patriots, North American Ministries, and international construction projects. Thousands more volunteer from afar through their prayers.

**Form 990, Part III, Line 4d - All Other Accomplishments**

The mission of Samaritan's Purse is to obediently serve the Lord Jesus Christ. At the core of our ministry is the belief that mankind has been separated from God by sin, and our only hope of salvation comes from the atoning sacrifice of God's Son, Jesus Christ. "If you confess with your mouth the Lord Jesus and believe in your heart that God has raised Him from the dead, you will be saved" (Romans 10:9).

Many claim to behave mercifully toward their neighbors out of a sense of social consciousness. At Samaritan's Purse, we take our name and mandate from Christ's instruction that we should first love the Lord with our

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

hearts, souls, minds, and strength. Caring for our neighbors then flows from our deep love for God. This command is illustrated in the parable of the Good Samaritan as told by Jesus and recorded in Luke 10:25-37 (New King James Version):

And behold, a certain lawyer stood up and tested Him, saying, "Teacher, what shall I do to inherit eternal life?" He said to him, "What is written in the law? What is your reading of it?" So he answered and said, "'You shall love the Lord your God with all your heart, with all your soul, with all your strength, and with all your mind,' and 'your neighbor as yourself.'" And He said to him, "You have answered rightly; do this and you will live." But he, wanting to justify himself, said to Jesus, "And who is my neighbor?"

Then Jesus answered and said: "A certain man went down from Jerusalem to Jericho, and fell among thieves, who stripped him of his clothing, wounded him, and departed, leaving him half dead. Now by chance a certain priest came down that road. And when he saw him, he passed by on the other side. Likewise a Levite, when he arrived at the place, came and looked, and passed by on the other side. But a certain Samaritan, as he journeyed, came where he was. And when he saw him, he had compassion. So he went to him and bandaged his wounds, pouring on oil and wine; and he set him on his own animal, brought him to an inn, and took care of him. On the next day, when he departed, he took out two denarii, gave them to the innkeeper, and said to him, 'Take care of him; and whatever more you spend, when I come again, I will repay you.' So which of these three do you think was neighbor to him who fell among the thieves?"

And he said, "He who showed mercy on him." Then Jesus said to him, "Go and do likewise."

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

At Samaritan's Purse, we are responding to Christ's command to do likewise as we minister to those suffering from the results of sin in our world: war, poverty, disaster, disease, and famine. The Bible tells us, "The heart is deceitful above all things, and desperately wicked; who can know it?" (Jeremiah 17:9). In the New Testament, we read that "the wages of sin is death" (Romans 6:23). Because of Adam and Eve's disobedience, every human being is born with the stain of sin, which, without the cleansing blood of Jesus Christ, ultimately leads to physical and spiritual death.

The Lord, in His mercy, sent His beloved Son, Jesus Christ, from Heaven to this earth on a rescue mission. John 3:16 says, "For God so loved the world that He gave his only begotten Son, that whoever believes in him should not perish, but have everlasting life." Jesus took our sins upon Himself, suffering and dying on a Roman cross. He took our sins to the grave, and on the third day, He arose again. Through His death and resurrection, Jesus became the way for us to be reconciled to God. He said, "I am the way, the truth, and the life. No one comes to the Father except through Me" (John 14:6).

If you choose to remain in your sins, you will be separated from God forever. But, if you place your faith and trust in what Jesus has done, you will be saved by God's grace. This is the Good News: "He who believes in Him is not condemned; but he who does not believe is condemned already, because he has not believed in the name of the only begotten Son of God" (John 3:18).

If you want to receive God's free gift of salvation, you can pray a simple prayer like this one:

Dear God, I am a sinner. I am sorry for my sins. Please forgive me. Help me to turn from my sinful life. I believe by faith that Jesus Christ is Your

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

Son who died for my sins, and whom You have raised to life. I want to trust Jesus as my Savior and follow Him as my Lord from this day forward and forevermore. Amen.

If you have prayed this, or would like some spiritual help, please call the following number to speak with a counselor: 1-877-247-2426. You can trust these words are true: "For by grace you have been saved through faith, and that not of yourselves; it is the gift of God, not of works, lest anyone should boast" (Ephesians 2:8-9).

At Samaritan's Purse, we take prayer seriously. Thanks to what Jesus Christ has done, we can take our prayer concerns directly to our God in Heaven. We can ask Him to intervene immediately on behalf of those whose lives are in danger, and we trust Him to provide the resources for us to swiftly accomplish His work and His will.

The quarterly magazine of Samaritan's Purse, PrayerPoint, is devoted entirely to prayer for our projects around the world. We trust that as God answers prayers, He will meet the needs of His people.

In addition to the ministries listed in Part III, the following ministries are our response to the effects of sin on humanity and the natural world. Our mission is to bring God's love, healing, and compassion to those who are hurting or lost.

**HURRICANE MATTHEW RELIEF:** Samaritan's Purse worked in the Caribbean and the Carolinas to help survivors of the deadliest Atlantic hurricane in 10 years. Our DC-8 made nine flights to Haiti and one to the Bahamas to deliver more than 200 tons of urgently needed supplies, including 8,000 blankets, 31,756 tarps, and 11,375 water filtration units. Our medical teams treated 400 cholera patients to save lives and prevent the spread of the disease. Meanwhile, our U.S. Disaster Relief teams helped 708 families

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

in three locations in North and South Carolina.

**U.S. DISASTER RELIEF:** In addition to the Hurricane Matthew deployments, Samaritan's Purse responded to floods in Louisiana, West Virginia, and Texas; as well as wildfires in Tennessee. Home reconstruction projects were launched in Louisiana, West Virginia, and North Carolina. A total of 14,647 volunteers served with Samaritan's Purse disaster relief teams in 2016, ministering to 3,243 families. We praise God that nearly 900 individuals made decisions for Christ through these outreaches.

**NORTHERN IRAQ RELIEF:** On Christmas Day, Samaritan's Purse airlifted an Emergency Field Hospital into Iraq to treat victims of the battle to liberate the city of Mosul from the grips of ISIS terrorists. Working in the Name of Jesus, our teams distributed 20,000 blankets, 5,000 tarps, and more than 2,000 tons of food during 2016 to families displaced by fighting or persecution.

**ECUADOR EARTHQUAKE RELIEF:** This was the first deployment of the Samaritan's Purse Emergency Field Hospital as well as the DC-8 plane that carries it. Our medical teams cared for over 1,200 patients in the town of Chone, where the local hospital was destroyed by the 7.8-magnitude earthquake. Our teams provided clean water for 50,000 people and provided emergency shelter for 5,000 families.

**WORLD MEDICAL MISSION:** The medical arm of Samaritan's Purse helped staff mission hospitals in 34 countries in 2016. World Medical Mission arranged short-term volunteer assignments for more than 725 doctors, dentists, nurses, and other medical professionals. Another 19 doctors were commissioned for two-year assignments through our Post-Residency Program, which is designed to prepare them to become career medical missionaries. Our medical warehouse shipped 227 tons of equipment and supplies to 20

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

countries, and our medical technicians visited 10 countries to install and maintain equipment. We praise God for how He uses these physicians and hospitals to save lives and spread the Gospel of Jesus Christ, the Great Physician.

**THE GREATEST JOURNEY:** This is a discipleship program developed by Samaritan's Purse for children who receive shoebox gifts from Operation Christmas Child. The goals are effective evangelism, discipleship, and purposeful multiplication of the Gospel message. We provide lesson books in 78 languages as well as New Testaments for children who graduate from the 12-lesson course. In 2016, a total of 3,555,115 children enrolled, 1,619,266 made decisions to trust Christ as their Lord and Savior, and 1,832,625 committed to pray for and share the Gospel with their family and friends. Since 2010, 11 million children have enrolled and 5 million have come to faith in Christ. "So shall My word be that it goes forth from My mouth; it shall not return to Me void, but it shall accomplish what I please, and it shall prosper in the thing for which I sent it" (Isaiah 55:11).

**OPERATION HEAL OUR PATRIOTS:** Samaritan's Purse established Operation Heal Our Patriots in 2012 as a ministry to help strengthen the marriages of wounded veterans. During the summer of 2016, 160 military couples spent a week as our guests in Alaska, where they participated in marriage enrichment lessons led by retired military chaplains and also enjoyed outdoor activities designed to draw them closer to God and closer to each other. In five years, 686 couples have participated, 306 have rededicated their marriages, and 310 individuals have trusted Jesus Christ as their Lord and Savior. Samaritan's Purse has made a commitment to provide aftercare for each couple as long as they need it. "Yet in all these things

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

we are more than conquerors through Him who loved us" (Romans 8:37).

CHILDREN'S HEART PROJECT: This is a project of Samaritan's Purse that brings children to North America for cardiac surgery that is not available in the countries where they live. Since 1997, we have provided surgery for 1,165 children from 15 countries. While surgeons correct life-threatening heart defects, patients and their parents experience the love of Christ through their host families and churches, and many respond to the Gospel.

"But I have trusted in your mercy; my heart shall rejoice in Your salvation" (Psalm 13:5).

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Bolivia, Cambodia, Congo (Kinshasa), Haiti, Iraq, Japan, Kenya, Liberia, Mongolia, Niger, Philippines, South Sudan, Sri Lanka, Uganda, Vietnam, Nepal, Croatia

Form 990, Part VI - Additional Information

Part VI-A, Line 1a Executive Committee

Composition of Committee - The Ministry's Bylaws provide for the establishment of an Executive Committee. The Executive

Committee is composed of at least three (3) and up to seven (7) board members appointed or removed by the Board Chairman and ratified by the Board of Directors. The current composition of the Executive Committee is three (3) with two (2) being independent board members.

Scope of Committee's Authority - Pursuant to the Ministry's Bylaws, the Executive Committee may hold meetings between meetings of the Board of Directors to act on behalf of the Board of Directors. The Executive Committee may act on matters of business, financial, or spiritual concern

Name of the organization

Employer identification number

**Samaritan's Purse**

**58-1437002**

except for matters precluded by the Bylaws. The Executive Committee does not have power to amend the Articles of Incorporation or Bylaws of the Ministry, and may not authorize the dissolution or merger of the Ministry, remove or elect new board members, hire or dismiss the CEO, distribute or sell substantially all of the assets of the Ministry, or take any other action in conflict with the Articles of Incorporation or Bylaws of the Ministry.

All actions of the Executive Committee are ratified by the Board of Directors.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Franklin Graham

Roy Graham

Bd/Chair/CEO

Board Member

Family/Business

James Furman

Richard Furman

AsstTreas

Board Member

Family

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Ministry's Form 990 is prepared by the Finance Department of the Ministry with assistance and review by the Vice President of Finance/CFO, Vice President of Corporate Affairs, Vice President of Communications, Vice President of Public Policy and Corporate Counsel. The return is also reviewed by an independent Certified Public Accounting firm, Internal Audit, the Chief Operating Officer, Board-appointed consultants and the Chief Executive Officer. After this review, the



Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

return is reviewed and accepted by the Audit Committee of the Board of Directors. The return is then provided to the Board of Directors prior to filing with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Ministry's Conflict of Interest policy covers all "Responsible Persons," which includes any Board member, officer, vice president, member of executive management or member of the Purchasing and Travel departments. Annually, the Conflict of Interest policy is provided to each Responsible Person, and the Responsible Person must complete a Conflict of Interest Disclosure Statement whether or not involved in a transaction with the Ministry. The Disclosure Statements are submitted by these individuals on an annual basis, as well as throughout the year as a transaction may arise. Throughout the year, the Corporate Affairs and Finance departments monitor the addition of new Responsible Persons whose positions may allow them to have material financial interest in a transaction.

A summary of potential conflicts of interest disclosed by Responsible Persons is reviewed by Internal Audit and reported to the Board Audit Committee for review. Restrictions imposed on individuals involved in transactions with a potential conflict of interest include prohibiting them from participating in the Board or Committee deliberations and approval of the transaction.

The process for review of transactions with potential conflicts of interest varies based on the individual with the conflict. If a person is a staff member and is not a Disqualified Person, any proposed transaction that may be a conflict of interest must be reviewed and approved by the CEO or his designee. All material terms and conditions of the transaction shall be

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

described in writing and provided to the CEO prior to entering into the transaction. The CEO will review the transaction to determine if it is fair and in the best interest of the Ministry.

If the person with the potential conflict of interest is a Disqualified Person, the Responsible Person will provide all material terms and conditions to the CEO in writing. The CEO will forward such information to the Compensation Committee prior to entering into the transaction. The transaction shall only be permitted if the Compensation Committee determines that the conflicting interest is fully disclosed; the Responsible Person with the conflict of interest is excluded from the discussion and approval of such transaction by the Compensation Committee; and the transaction is fair and in the best interest of the Ministry by use of comparable valuation or competitive bid. The Compensation Committee Chairman will present the material facts of the transaction to the full Board of Directors for ratification.

If the CEO or his family member is the one with the potential conflict of interest, then initial disclosure shall be made directly to the Compensation Committee Chairman by the Vice President of Corporate Affairs. Using the same criteria listed above, the Compensation Committee will review and decide if the transaction is fair and in the best interest of the Ministry. The Compensation Committee will present the material facts of the transaction to the Board of Directors for ratification.

If the conflict of interest involves a grant, payment or benefit to another 501(c)(3) organization within the exempt purposes of the Ministry, the material terms of such transactions will be annually submitted to the Finance Committee for review and to the Board of Directors for review and ratification. The Finance Department reviews the summary of conflicts of

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

interest disclosed by Responsible Persons and monitors potential conflict of interest transactions throughout the year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The compensation for all Disqualified Persons, as defined in IRC Section 4958 (including the Chief Executive Officer, Chief Operating

Officer, VP of Corporate Affairs, VP of Operation Christmas Child, VP of Programs and Government Relations, and VP of Finance/CFO), is reviewed

and approved by the Compensation Committee of the Board of Directors. In practice, the Ministry purposely selected members of the Compensation

Committee having no conflict of interest as defined in the IRC

Section 4958 regulations. The Compensation Committee reviewed and approved the 2016 compensation arrangement for the Chief Executive Officer and

reported to the Board of Directors. For calendar year 2016, the

Compensation Committee relied on and reviewed appropriate comparability data compiled by an independent compensation consultant in

making a determination. Contemporaneous substantiation of the

deliberations and decisions are contained in the minutes of the

Compensation Committee meeting. Compensation decisions are reviewed and approved in advance of the payment of such compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The compensation for Disqualified Persons, as defined in IRC Section 4958 (including the Chief Operating Officer, VP of Corporate Affairs, VP

of Operation Christmas Child, VP of Programs and Government Relations,

VP of Finance/CFO, and Director of Corporate Affairs) is reviewed and

approved by the Compensation Committee of the Board of Directors. For

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

these Disqualified Persons, a Compensation Committee comprised of directors with no conflict of interest with respect to the compensation arrangement performed the compensation review. For calendar year 2016, the Compensation Committee relied on and reviewed comparability data compiled by an independent compensation consultant in making a determination. Contemporaneous substantiation of the deliberations and decisions are contained in the minutes of the Compensation Committee meeting. Compensation decisions are reviewed and approved in advance of the payment of such compensation.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed  
North Dakota, Pennsylvania, South Carolina, Tennessee, Utah, Virginia,  
West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
The Ministry's Articles of Incorporation, IRS Letter of Determination,  
Conflict of Interest Policy, Audited Financial Statements, and the  
annual Ministry Report are provided upon request and are available for  
inspection at our office in Boone, NC. The annual Ministry Report and  
the Audited Financial Statements are also posted on the Ministry's website.

Form 990, Part VIII - Additional Information

Part VIII, Line 1e Government Grants

Government grants are used only for the charitable and humanitarian purposes permitted by government agencies and regulations. Funds from government grants are not expended for Christian evangelism or religious programs.

Name of the organization

Employer identification number

**Samaritan's Purse**

**58-1437002**

**Form 990, Part X - Additional Information**

Inventory consists of Operation Christmas Child shoebox gifts, medical equipment and supplies, and other equipment and supplies for use in programs.

Planned Giving Beneficiary Payments	\$-1,987,486
	\$ -1,987,486
Planned Giving Admin Fees	\$ -204,312
Planned Giving Admin Fees	\$ 204,312
<b>Total</b>	<b>\$ 1,987,486</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Employer identification number

**58-1437002**

**Samaritan's Purse**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>Emmanuel Group</b> 104 Corporation Aviation Dr. 76-0748803 North Wilkesboro NC 28659	<b>Title hldg</b>	<b>NC</b>	<b>501c2</b>		<b>Sam. Purse</b>	<b>X</b>	
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Charitable remainder unitrust (2) .....	trust	NC	N/A	T					X
(2) Charitable remainder unitrust (1) .....	trust	NC	N/A	T					X
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R (See instructions).

Dotted lines for supplemental information.