

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
SAMARITAN'S PURSE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 3000

City or town, state or province, country, and ZIP or foreign postal code
BOONE, NC 28607

D Employer identification number
58-1437002

E Telephone number
(828) 262-1980

G Gross receipts \$ 684,094,830

F Name and address of principal officer
W FRANKLIN GRAHAM III
PO BOX 3000
BOONE, NC 28607

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SAMARITAN.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1980

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2,500
6 Total number of volunteers (estimate if necessary)	203,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	585,894,450	618,394,971
9 Program service revenue (Part VIII, line 2g)	1,557,843	1,623,373
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,778,324	2,373,227
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	558,575	470,537
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	593,789,192	622,862,108

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	222,969,565	244,953,281
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,867,827	118,625,171
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,567,892		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	183,104,732	205,720,289
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	504,942,124	569,298,741
19 Revenue less expenses Subtract line 18 from line 12	88,847,068	53,563,367

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	427,702,247	489,986,730
21 Total liabilities (Part X, line 26)	41,125,461	52,405,912
22 Net assets or fund balances Subtract line 21 from line 20	386,576,786	437,580,818

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2017-08-04

Type or print name and title: C MERRILL LITTLEJOHN VP-FINANCE/CFO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2017-08-04	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's address ▶		Firm's EIN ▶	Phone no

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

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the 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 \$)
See Additional Data

4b (Code) (Expenses \$ 37,984,889 including grants of \$ 1,420,329) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 17,581,783 including grants of \$ 384,663) (Revenue \$)
See Additional Data

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

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 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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	Yes	
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	Yes	
22 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>	Yes	
23 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>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 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>		No
27 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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AK, CA, FL, GA, HI, IL, LA, MD, MN, MS, NH, NM, NC, ND, PA, SC, TN, UT, VA, WV, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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 (C MERRILL LITTLEJOHN 801 BAMBOO ROAD BOONE, NC 28607 (828) 262-1980)

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, or 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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		3,196,868	524,999

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 ► 57

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 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>		No

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
DEMOSS, 3343 PEACHTREE RD NE SUITE 1000 ATLANTA, GA 30326	COMM/MEDIA/PR	710,090
GARRISON SLOAN, 17940 SW 168TH STREET MIAMI, FL 33187	CONSULTING	317,400
THOMAS W COOMESCOOMES WORSHIP BAND, 900 20TH AVENUE S 611 NASHVILLE, TN 37212	MINISTRYCONFSVC	259,559
JHS ARCHITECTURE INTEGRATED DESIGN, 1812 LINCOLN STREET STE 300 COLUMBIA, SC 29201	ARCHITECTURAL	250,180
RICHARD F CAPIN, 10225 OLD ARDREY KELL ROAD APT 107 CHARLOTTE, NC 28277	CONSULTING	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 ► 8

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 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</p>			
<p>2a 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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c 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</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1437002

Name: SAMARITAN'S PURSE

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
W FRANKLIN GRAHAM III BD MEM/CHR/P	40 00	X		X				603,231	0	110,615		
PHYLLIS T PAYNE BD MEM/SEC/V	40 00	X		X				269,364	0	40,481		
FELIX MARTIN DEL CAMPO JR BD MEM/CONSU	3 00	X						15,000	0	0		
STERLING C CARROLL BOARD MEM/TR	1 00	X		X				0	0	0		
MICHAEL L CHEATHAM BOARD MEMBER	1 00	X						0	0	0		
RICHARD W FURMAN BOARD MEMBER	1 00	X						0	0	0		
PEDRO GARCIA BOARD MEMBER	1 00	X						0	0	0		
MELVIN F GRAHAM BOARD MEMBER	1 00	X						0	0	0		
ROY A GRAHAM BOARD MEMBER	1 00	X						0	0	0		
J MICHAEL HARWOOD BOARD MEMBER	1 00	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LOUIS F HEITZIG BOARD MEMBER	1 00	X						0	0	0
THOMAS M HODGES IV BOARD MEMBER	1 00	X						0	0	0
DOUGLAS A HORNE BOARD MEMBER	1 00	X						0	0	0
JAMES L OLIVER BOARD MEMBER	1 00	X						0	0	0
BRIAN D PAULS BOARD MEMBER	1 00	X		X				0	0	0
JERRY L PREVO BOARD MEMBER	1 00	X						0	0	0
PAUL T SABER BOARD MEMBER	1 00	X						0	0	0
ROBERT R SHANK BOARD MEMBER	1 00	X						0	0	0
JOHN L SCOTT BOARD MEMBER	1 00	X						0	0	0
C MERRILL LITTLEJOHN VP-FINANCE/C	40 00			X				239,069	0	40,670

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DONNA PIERCE ASST SECRET	40 00			X				142,076	0	31,141
JAMES FURMAN ASST TREAS	1 00			X				0	0	0
RONALD WILCOX COO	40 00				X			268,527	0	40,359
J KENNETH ISAACS VP-PROG/GOVT	40 00				X			267,744	0	41,109
JAMES HARRELSON VP-OPCHRISTM	40 00				X			266,980	0	41,781
WILLIAM MAUPIN VP-INFO TECH	40 00					X		241,040	0	40,463
JAMES DAITLEY VP-COMM	40 00					X		237,744	0	37,643
JAMES LOSCHEIDER VP-DONOR MIN	40 00					X		221,245	0	34,574
J LUTHER HARRISON VP-NORTH AME	40 00					X		214,988	0	31,653
CHRISTOPHER WEEKS CF LGL OFFR/	40 00					X		209,860	0	34,510

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at 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 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 **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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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>		

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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)

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

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ **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.**
▶ **Attach to Form 990.**

Information about Schedule D (Form 990) and its instructions is at 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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
1a Beginning of year balance					
b Contributions	1,006,651				
c Net investment earnings, gains, and losses	17,358				
d Grants or scholarships					
e Other expenditures for facilities and programs	-17,000				
f Administrative expenses					
g End of year balance	1,007,009				

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land		11,138,088		11,138,088
b Buildings		82,108,543	24,474,708	57,633,835
c Leasehold improvements				
d Equipment		123,268,372	64,920,120	58,348,252
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PLANNED GIVING PROGRAM LIABILITY	23,900,039
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	23,900,039

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.

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

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.

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

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.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1437002

Name: SAMARITAN'S PURSE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS HELD BY THE MINISTRY ARE INVESTED TO PROVIDE A LONG-TERM FUNDING SOURCE TO SUPPLEMENT THE ACTIVITIES OF OPERATION HEAL OUR PATRIOTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	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 DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2016

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	PLANNED GIVING BENEFICIARY PAYMENTS 1,987,486 PLANNED GIVING ADMIN FEES 204,312

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	PLANNED GIVING ADMIN FEES 204,312

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	20	3,922			366,591,504
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	20	3,922			366,591,504

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

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 non-cash assistance	(g) Description of non-cash 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)* 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)* 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).

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	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

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	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 SUB-SAHARAN AFRICA 70,648,876 0 SUB-SAHARAN AFRICA 115,780,219 0

Additional Data

Software ID:

Software Version:

EIN: 58-1437002

Name: SAMARITAN'S PURSE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA	2	150	PROGRAM SVCS	EMERREL/COMDEV/CHILD	6,530,717
CENTRAL AMERICA			GRANTS		21,562,108
EAST ASIA AND PACIFIC	6	397	PROGRAM SVCS	EMERREL/COMMDEV/OTH	9,389,609

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND PACIFIC			GRANTS		23,621,548
EUROPE	2	351	PROGRAM SVCS	EMERREL/CHED/COMM	18,453,289
EUROPE			GRANTS		983,843

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA	1	173	PROGRAM SVCS	EMERREL/MED ASST/OTH	10,270,470
MIDDLE EAST & NORTH AFRICA			GRANTS		8,384,360
NORTH AMERICA			PROGRAM SVCS	MED ASST/EMERREL	512

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANTS		21,030,028
RUSSIA		1	GRANTS		12,223,396
SOUTH AMERICA	1	77	PROGRAM SVCS	EMERREL/COMMDEV/OTH	5,419,851

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			GRANTS		23,092,823
SOUTH ASIA	2	79	PROGRAM SVCS	EMERREL/COMMDEV/OTH	4,590,061
SOUTH ASIA			GRANTS		14,609,794

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	6	2,694	PROGRAM SVCS	EMERREL/COMMDEV/OTH	70,648,876
SUB-SAHARAN AFRICA			GRANTS		115,780,219

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	1,509,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	646,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	576,200	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	517,355	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	332,919	CHECK/WIRE/CASH			
		SOUTH ASIA	COMM DEV	308,556	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHILDREN'S MINISTRY	276,524	CHECK			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	210,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMM DEV	184,428	CHECK			
		MIDDLE EAST & NORTH AFRICA	COMM DEV	160,000	CASH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	150,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	144,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	135,000	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	130,000	CASH/CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMM DEV	127,857	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	119,001	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	COMM DEV	112,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	102,164	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	COMM DEV	101,500	WIRE			
		MIDDLE EAST & NORTH AFRICA	COMM DEV	100,095	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	100,000	ACH			
		EUROPE	CHRISTIAN EDUCATION	100,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMM DEV	98,198	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY RELIEF	96,231	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	94,995	ACH			
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	90,845	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	EMERGENCY RELIEF	90,000	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	85,496	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	85,000	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	80,190	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	COMM DEV	80,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	67,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	66,000	WIRE			
		SOUTH ASIA	CHRISTIAN EDUCATION	64,250	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	64,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	63,250	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMM DEV	62,226	CHECK/CASH/WIRE			
		MIDDLE EAST & NORTH AFRICA	COMM DEV	61,300	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	COMM DEV	60,102	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	60,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	60,000	CHECK			
		EUROPE	CHRISTIAN EDUCATION	59,428	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	58,750	WIRE			
		MIDDLE EAST & NORTH AFRICA	COMM DEV	55,556	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	55,200	CASH			
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	55,134	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	55,000	ACH			
		SUB-SAHARAN AFRICA	COMM DEV	53,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMM DEV	51,282	CHECK/CASH/WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	50,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	50,000	ACH			
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	50,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CHRISTIAN EDUCATION	47,000	WIRE			
		SOUTH ASIA	CHRISTIAN EDUCATION	45,200	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	42,000	WIRE			
		EUROPE	CHRISTIAN EDUCATION	41,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	40,000	ACH			
		EUROPE	CHRISTIAN EDUCATION	39,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	38,750	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	37,471	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	37,239	WIRE			
		RUSSIA	CHRISTIAN EDUCATION	36,700	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	36,206	WIRE/CHECK			
		MIDDLE EAST & NORTH AFRICA	COMM DEV	36,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	EMERGENCY RELIEF	35,804	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	35,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	34,316	CHECK			
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	32,498	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST	30,680	WIRE			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	30,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	30,500	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	30,444	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMM DEV	30,267	CHECK			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	30,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	EMERGENCY RELIEF	29,042	WIRE			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	29,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	29,000	ACH			
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	28,125	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHILDREN'S MINISTRY	27,500	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	27,500	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	27,500	ACH			
		SOUTH ASIA	COMM DEV	27,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	26,876	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	CHILDREN'S MINISTRY	26,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	26,000	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	25,008	WIRE/CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	25,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	COMM DEV	25,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	EMERGENCY RELIEF	25,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	25,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	24,500	WIRE			
		SOUTH AMERICA	CHRISTIAN EDUCATION	24,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EMERGENCY RELIEF	24,196	CHECK			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	24,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	22,500	WIRE			
		EUROPE	CHILDREN'S MINISTRY	22,250	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	22,082	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	21,450	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MEDICAL ASSISTANCE	20,740	CHECK			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	20,570	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	20,300	ACH			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	20,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	20,000	CHECK			
		EUROPE	CHILDREN'S MINISTRY	20,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	EMERGENCY RELIEF	20,000	ACH			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	20,000	CASH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	20,000	WIRE			
		SUB-SAHARAN AFRICA	COMM DEV	20,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	COMM DEV	20,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	20,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	20,000	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	18,942	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	18,300	CHECK			
		MIDDLE EAST & NORTH AMERICA	CHRISTIAN EDUCATION	18,120	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	18,000	WIRE			
		SOUTH ASIA	EMERGENCY RELIEF	17,389	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	16,500	WIRE			
		EUROPE	EMERGENCY RELIEF	16,442	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	16,000	WIRE/CHECK			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	16,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMM DEV	16,000	WIRE			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	15,525	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	15,000	ACH			
		MIDDLE EAST & NORTH AMERICA	CHRISTIAN EDUCATION	15,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AMERICA	CHRISTIAN EDUCATION	15,000	WIRE			
		NORTH AMERICA	EMERGENCY RELIEF	15,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHRISTIAN EDUCATION	15,000	WIRE			
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	14,840	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CHILDREN'S MINISTRY	12,750	WIRE			
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	12,750	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	MEDICAL ASSISTANCE	12,000	ACH			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	12,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	EMERGENCY RELIEF	12,000	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	11,066	WIRE/CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	11,050	WIRE			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	11,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHILDREN'S MINISTRY	11,000	WIRE			
		SOUTH ASIA	COMM DEV	10,599	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	10,271	WIRE			
		SUB-SAHARAN AFRICA	COMM DEV	10,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	10,000	CHECK			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	10,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	10,000	ACH			
		SOUTH ASIA	MEDICAL ASSISTANCE	10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	10,000	CHECK			
		RUSSIA	CHILDREN'S MINISTRY	10,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMM DEV	10,000	WIRE			
		RUSSIA	CHILDREN'S MINISTRY	10,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY RELIEF	10,000	WIRE			
		SOUTH AMERICA	EMERGENCY RELIEF	10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	COMM DEV	9,500	WIRE			
		SOUTH AMERICA	CHILDREN'S MINISTRY	9,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHILDREN'S MINISTRY	9,000	WIRE			
		EUROPE	CHILDREN'S MINISTRY	9,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	9,000	CHECK/CASH/WIRE			
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	8,600	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA	CHILDREN'S MINISTRY	8,568	ACH			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	8,500	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMM DEV	8,250	ACH			
		SOUTH ASIA	MEDICAL ASSISTANCE	7,651	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	7,540	WIRE			
		SUB-SAHARAN AFRICA	COMM DEV	7,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	7,300	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	7,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COMMUNITY DEV	7,000	WIRE			
		SOUTH ASIA	EMERGENCY RELIEF	6,980	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMM DEV	6,950	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	6,700	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CHRISTIAN EDUCATION	6,094	CHECK			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	6,091	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMM DEV	6,020	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	6,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	6,000	WIRE			
		SUB-SAHARAN AFRICA	COMM DEV	6,000	CASH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	5,850	WIRE			
		NORTH AMERICA	EMERGENCY RELIEF	5,800	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	5,624	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	5,400	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EMERGENCY RELIEF	5,250	ACH			
		SOUTH ASIA	CHRISTIAN EDUCATION	5,200	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHILDREN'S MINISTRY	5,189	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	5,100	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			2,329,336	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,932,013	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			2,135,219	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			6,096,066	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			6,181,246	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			4,464,531	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			2,329,336	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			4,270,462	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			671,324	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			6,531,649	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			970,563	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			6,014,559	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	OCC			5,945,266	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			582,352	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			4,075,414	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			5,240,976	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			6,211,563	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			191,780	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			2,911,712	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,164,680	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	OCC			386,303	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			2,907,037	SHOEBOX GIFTS	FMV

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		SUB-SAHARAN AFRICA	OCC			194,117	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			6,010,456	SHOEBOX GIFTS	FMV

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		SUB-SAHARAN AFRICA	OCC			3,299,875	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			3,688,110	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	OCC			6,987,961	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			767,119	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OCC			7,376,219	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,164,680	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			396,501	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			320,790	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			299,613	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			274,539	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			229,580	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			222,146	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			169,173	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			159,168	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			128,319	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			124,078	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			113,955	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			97,722	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			55,897	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			42,875	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			35,642	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			34,805	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			34,354	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			23,571	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			18,080	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			16,586	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			11,477	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			9,835	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			8,625	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			8,552	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			6,812	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			6,000	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			5,815	MED/RELF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSIST			5,589	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	OCC			970,562	SHOEBOX GIFTS	FMV
		SOUTH ASIA	OCC			9,897,407	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	OCC			2,329,336	SHOEBOX GIFTS	FMV
		SOUTH ASIA	MEDICAL ASSIST			203,326	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	OCC			8,719,011	SHOEBOX GIFTS	FMV
		SOUTH AMERICA	OCC			9,305,251	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	OCC			388,235	SHOEBOX GIFTS	FMV
		SOUTH AMERICA	OCC			1,358,773	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	OCC			2,523,430	SHOEBOX GIFTS	FMV
		SOUTH AMERICA	OCC			388,235	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSIST			192,265	MED/RELF MTLs	FMV
		EAST ASIA/PACIFIC	OCC			1,941,125	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	OCC			388,235	SHOEBOX GIFTS	FMV
		EAST ASIA/PACIFIC	OCC			20,187,556	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	MEDICAL ASSIST			69,690	MED/RELF MTLS	FMV
		EAST ASIA/PACIFIC	MEDICAL ASSIST			54,794	MED/RELF MTLS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	MEDICAL ASSIST			10,000	MED/RELF MTLS	FMV
		EAST ASIA/PACIFIC	MEDICAL ASSIST			8,191	MED/RELF MTLS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			88,972	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			477,207	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			88,972	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			388,235	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			6,987,985	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			582,352	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			6,987,054	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			194,117	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			4,265,762	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			194,117	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OCC			477,207	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			156,243	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			72,185	MED/RELF MTLs	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			40,250	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			28,572	MED/RELF MTLs	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			19,930	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			10,500	MED/RELF MTLs	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			8,400	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			7,906	MED/RELF MTLT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			5,950	MED/RELF MTSL	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSIST			5,942	MED/RELF MTLs	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			87,899	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	OCC			582,352	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			970,563	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	OCC			87,899	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSIST			5,178	MED/RELF MTLs	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	OCC			20,983,299	SHOEBOX GIFTS	FMV
		RUSSIA	OCC			580,014	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA	OCC			122,534	SHOEBOX GIFTS	FMV
		RUSSIA	OCC			1,936,450	SHOEBOX GIFTS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA	OCC			9,499,750	SHOEBOX GIFTS	FMV
		RUSSIA	MEDICAL ASSIST			15,109	MED/RELF MTLs	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at 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 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 ten 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						
Total				▶		

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.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 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	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 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 _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

- 16** Gaming manager information
- Name ▶
- Gaming manager compensation ▶ \$
- Description of services provided ▶
- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**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.
▶ Attach to Form 990.

▶ Information about Schedule I (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

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MISSIONARY ASSISTANCE	11	236,911			
(2) CHILDREN'S MINISTRY	2	1,400			
(3) OPERATION CHRISTMAS CHILD	13175		314,266	COST	SHOEBOX GIFTS
(3)					
(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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	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

Additional Data

Software ID:
Software Version:
EIN: 58-1437002
Name: SAMARITAN'S PURSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILLY GRAHAM EVANGELISTIC ASSOC PO BOX 668129 CHARLOTTE, NC 28266	41-0692230	3	16,843				CHRISTIAN EDUCATION
CALVARY TABERNACLE OF CONEY ISLAND PO BOX 240078 BROOKLYN, NY 11224	51-0142296	3	284,000				RECONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER HEIGHTS ELEMENTARY SCHOOL 411 BUNCHE DRIVE GOLDSBORO, NC 27530	56-6001131	3		12,709	FMV	OFFICE MTLs	COMM DEV
CHILDREN'S MEDICAL MINISTRY PO BOX 3382 CROFTON, MD 21114	54-1434743	3		5,086	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN HEALTH SERVICE CORPS PO BOX 132 FRUITVALE, TX 75127	27-1505747	3	10,872				MEDICAL ASSISTANCE
COMMUNITY HEALTH OUTREACH (ISABB) 711 WEST CAPITAL DRIVE MILWAUKEE, WI 53206	39-1353282	3		6,049	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONEY ISLAND CATHEDRAL OF DELV CHRC 2816 MERMAID AVENUE BROOKLYN, NY 11224	11-2744627	3	37,320				RECONSTRUCTION
CROSSROADS CHURCH 168 NEW DORP LANE STATEN ISLAND, NY 10306	32-0020680	3	85,475				RECONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF FAR ROCKAWA 1510 REDFERN AVENUE FAR ROCKAWAY, NY 11691	11-2535221	3	157,836				RECONSTRUCTION
FIRST CHURCH OF GOD INC 1425 BEACH CHANNEL DRIVE FAR ROCKAWAY, NY 11691	11-2973310	3	61,000				RECONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUR HOLES BAPTIST CHURCH 1622 FOUR HOLES ROAD ORANGEBURG, SC 29115	57-0762333	3		71,115	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE
FULL GOSPEL CHURCH OF ISLAND PARK 4101 AUSTIN BLVD ISLAND PARK, NY 11558	23-7325508	3	60,892				RECONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL AID NETWORK GAIN 660 INTERNATIONAL PARKWAY STE 100 RICHARDSON, TX 75081	95-4578963	3		76,108	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE
GREENWELL SPRINGS BAPTIST CHURCH PO BOX 295 GREENWELL SPRINGS, LA 70739	72-0921983	3	20,000				RECONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE ON THE ROCK CHURCH 263 LEE AVENUE STATEN ISLAND, NY 10307	13-3777752	3	500,000				RECONSTRUCTION
INTERNATIONAL FOUNDATION 133 C STREET SE WASHINGTON, DC 20003	53-0204614	3	50,000				CHRISTIAN ED/TRAIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERSERVE USA PO BOX 418 UPPER DARBY, PA 19082	23-1644377	3	26,058				MISSIONARY ASSISTANC
JEZREEL INTERNATIONAL 10 INTERSTATE AVENUE ALBANY, NY 12205	14-1790920	3		42,000	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN BROWN UNIVERSITY 2000 W UNIVERSITY STREET SILAOM SPRINGS, AR 72761	71-0239576	3	22,932				EMERGENCY RELIEF
LIBERTY UNIVERSITY 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515	54-0946734	3	14,890				CHRISTIAN EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION AVIATION REPAIR CENTER MARC PO BOX 511 SOLDOTNA, AK 996690511	92-0032812	3	120,313				CHRISTIAN ED/TRAIN
MISSIONARY FLIGHTS INTERNATIONAL 3170 AIRMANS DRIVE FORT PIERCE, FL 34946	23-7199063	3	125,000				CHRISTIAN EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOODY AVIATION 6719 E RUTTER AVE BUILDING 68 SPOKANE, WA 99212	36-2167792	3	50,000				EMER REL/MISSNY ASST
NAOMI AMEZ CHURCH 2502 NEPTUNE AVENUE BROOKLYN, NY 11224	11-2496548	3	165,000				RECONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CHURCH INTERNATIONAL 2002 NEPTUNE AVENUE BROOKLYN, NY 11224	47-1061015	3	51,200				RECONSTRUCTION
PROVINCIAL BD OF ALASKA MORAVIAN CH PO BOX 545 BETHEL, AK 99559	92-0110419	3	15,200				CHRISTIAN EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALEM EVANGELICAL FREE CHURCH 634 CLOVE ROAD STATEN ISLAND, NY 10310	13-3144776	3	181,300				RECONSTRUCTION
TANALIAN BIBLE CAMP 101 CHURCH DRIVE PORTS ALSWORTH, AK 99653	92-0138282	3	10,000				CHRISTIAN EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANALIAN SCHOOL 1400 SCHOOL ROAD PORT ALSWORTH, AK 99653	92-0057379	3	7,500				CHRISTIAN EDUCATION
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 46952	35-0911947	3	36,000				CHRISTIAN EDUCATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at 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 Questions Regarding Compensation

	Yes	No								
<p>1a 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 (e.g., 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 (e.g., 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 (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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>	1b	Yes								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p>3 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>4 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>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c 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>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 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>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 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>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 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>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 are not 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				
See Additional Data Table							

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.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	<p>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: 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). 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 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 REPORTED AS TAXABLE COMPENSATION AND INCLUDED IN THE ANNUAL REASONABLENESS COMPENSATION REVIEW BY THE COMPENSATION COMMITTEE.</p>

Additional Data

Software ID:
Software Version:
EIN: 58-1437002
Name: SAMARITAN'S PURSE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 FRANKLIN GRAHAM III BD MEM/CHR/PRES/CEO	(i) 376,359 -----		226,872 -----	36,338 -----	74,277 -----	713,846 -----	
	(ii) -----						
1 PHYLLIS T PAYNE BD MEM/SEC/VP-CORPAF	(i) 265,152 -----		4,212 -----	21,200 -----	19,281 -----	309,845 -----	
	(ii) -----						
2 C MERRILL LITTLEJOHN VP-FINANCE/CFO	(i) 234,209 -----		4,860 -----	18,975 -----	21,695 -----	279,739 -----	
	(ii) -----						
3 DONNA PIERCE ASST SECRETARY	(i) 137,216 -----		4,860 -----	11,366 -----	19,775 -----	173,217 -----	
	(ii) -----						
4 RONALD WILCOX COO	(i) 264,315 -----		4,212 -----	21,200 -----	19,159 -----	308,886 -----	
	(ii) -----						
5 J KENNETH ISAACS VP-PROG/GOVT REL	(i) 254,313 -----		13,431 -----	20,626 -----	20,483 -----	308,853 -----	
	(ii) -----						
6 JAMES HARRELSON VP-OPCHRISTMASCHILD	(i) 262,120 -----		4,860 -----	18,048 -----	23,733 -----	308,761 -----	
	(ii) -----						
7 WILLIAM MAUPIN VP-INFO TECHNOLOGY	(i) 236,180 -----		4,860 -----	18,977 -----	21,486 -----	281,503 -----	
	(ii) -----						
8 JAMES DAILEY VP-COMM	(i) 233,532 -----		4,212 -----	18,647 -----	18,996 -----	275,387 -----	
	(ii) -----						
9 JAMES LOSCHEIDER VP-DONOR MIN	(i) 217,033 -----		4,212 -----	16,771 -----	17,803 -----	255,819 -----	
	(ii) -----						
10 J LUTHER HARRISON VP-NORTH AMER MIN	(i) 212,564 -----		2,424 -----	17,101 -----	14,552 -----	246,641 -----	
	(ii) -----						
11 CHRISTOPHER WEEKS CF LGL OFFR/DIR AFF	(i) 205,000 -----		4,860 -----	16,547 -----	17,963 -----	244,370 -----	
	(ii) -----						

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at 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

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

Part II Loans to and/or From Interested Persons.

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 organization?		(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

Total ▶ \$ _____

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

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 organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1437002

Name: SAMARITAN'S PURSE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WILLIAM FURMAN	SON OFFICER	35,159	COMP/BENEFITS		No
(2) SCOTT HUGHETT	SON-IN-LAW DIR	130,930	COMP/BENEFITS		No
(3) MARTY COTTRELL	SON-IN-LAW DIR	69,308	COMP/BENEFITS		No
(4) JOHN PAYNE	SPOUSE DIR	48,091	COMP/BENEFITS		No
(5) JESSICA ZERKLE	DAUGHTER KEYEMP	40,705	COMP/BENEFITS		No
(6) JANE LYNCH	DAUGHTER DIR	31,269	COMP/BENEFITS		No
(7) JANE GRAHAM	SPOUSE DIR	43,663	COMP/BENEFITS		No
(8) PHAKJIRA ISAACS	DA-IN-LAW KYEMP	19,068	COMP/BENEFITS		No
(9) J MICHAEL HARWOOD	DIRECTOR	602,585	ASSET PURCHASE		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at 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	1,139	5,911,930	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SHOEBOX GIFTS)	X	9,090,640	217,504,449	COST
26 Other ▶ (AGRI ITEMS)	X	26	246,668	SELLING PRICE
27 Other ▶ (DIESEL FUEL)	X	4	285,106	COST
28 Other ▶ ()				

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

	Yes	No
30a 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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not 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.

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	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, PAGE 2, PART II	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.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>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 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 JERICO, 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 " 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,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>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 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, LEAST 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 IN THREE LOCATIONS IN N</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>ORTH AND SOUTH CAROLINA U S DISASTER RELIEF IN ADDITION TO THE HURRICANE MATTHEW DEPLOY MENTS, SAMARITAN'S PURSE RESPONDED TO FLOODS IN LOUISIANA, WEST VIRGINIA, AND TEXAS, AS WE LL AS WILDFIRES IN TENNESSEE HOME RECONSTRUCTION PROJECTS WERE LAUNCHED IN LOUISIANA, WES T 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 9 00 INDIVIDUALS MADE DECISIONS FOR CHRIST THROUGH THESE OUTREACHES NORTHERN IRAQ RELIEF O N CHRISTMAS DAY, SAMARITAN'S PURSE AIRLIFTED AN EMERGENCY FIELD HOSPITAL INTO IRAQ TO TREA T VICTIMS OF THE BATTLE TO LIBERATE THE CITY OF MOSUL FROM THE GRIPS OF ISIS TERRORISTS W ORKING 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 ECUA DOR EARTHQUAKE RELIEF THIS WAS THE FIRST DEPLOYMENT OF THE SAMARITAN'S PURSE EMERGENCY FI EL D 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-MAGN ITUDE 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 HE LPED 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 MISSION ARIES OUR MEDICAL WAREHOUSE SHIPPED 227 TONS OF EQUIPMENT AND SUPPLIES TO 20 COUNTRIES, A ND OUR MEDICAL TECHNICIANS VISITED 10 COUNTRIES TO INSTALL AND MAINTAIN EQUIPMENT WE PRAI SE 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 CHRI STMAS CHILD THE GOALS ARE EFFECTIVE EVANGELISM, DISCIPLESHIP, AND PURPOSEFUL MULTIPLICATI ON OF THE GOSPEL MESSAGE WE PROVIDE LESSON BOOKS IN 78 LANGUAGES AS WELL AS NEW TESTAMENT S FOR CHILDREN WHO GRADUATE FROM THE 12-LESSON COURSE IN 2016, A TOTAL OF 3,555,115 CHILD REN 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 M Y WORD BE THAT IT GOES FORTH FROM MY MOUTH, IT SHALL NOT RETURN TO ME VOID, BUT IT SHALL A CCOMPLISH 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 PATRIO TS IN 2012 AS A MINISTRY TO HE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	BOLIVIA, CAMBODIA, CONGO (KINSHASA), HAITI, IRAQ, JAPAN, KENYA, LIBERIA, MONGOLIA, NIGER, PHILIPPINES, SOUTH SUDAN, SRI LANKA, UGANDA, VIETNAM, NEPAL, CROATIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	<p>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 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	FRANKLIN GRAHAM ROY GRAHAM BD/CHAIR/CEO BOARD MEMBER FAMILY/BUSINESS JAMES FURMAN RICHARD FURMAN ASSTTREAS BOARD MEMBER FAMILY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>THE MINISTRY'S CONFLICT OF INTEREST POLICY COVERS ALL "RESPONSIBLE PERSONS," WHICH INCLUDE S ANY BOARD MEMBER, OFFICER, VICE PRESIDENT, MEMBER OF EXECUTIVE MANAGEMENT OR MEMBER OF T HE PURCHASING AND TRAVEL DEPARTMENTS ANNUALLY, THE CONFLICT OF INTEREST POLICY IS PROVIDE D 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 THROUGHTOUT THE YEAR AS A TRANSACTION MAY ARISE THROUGHOUT THE YEAR, THE CORPORATE AFFAIRS AN D 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 CO NFLICTS OF INTEREST DISCLOSED BY RESPONSIBLE PERSONS IS REVIEWED BY INTERNAL AUDIT AND REP ORTED TO THE BOARD AUDIT COMMITTEE FOR REVIEW RESTRICTIONS IMPOSED ON INDIVIDUALS INVOLVE D IN TRANSACTIONS WITH A POTENTIAL CONFLICT OF INTEREST INCLUDE PROHIBITING THEM FROM PART ICIPATING IN THE BOARD OR COMMITTEE DELIBERATIONS AND APPROVAL OF THE TRANSACTION THE PRO CESS FOR REVIEW OF TRANSACTIONS WITH POTENTIAL CONFLICTS OF INTEREST VARIES BASED ON THE I NDIVIDUAL WITH THE CONFLICT IF A PERSON IS A STAFF MEMBER AND IS NOT A DISQUALIFIED PERSO N, ANY PROPOSED TRANSACTION THAT MAY BE A CONFLICT OF INTEREST MUST BE REVIEWED AND APPROV ED BY THE CEO OR HIS DESIGNEE ALL MATERIAL TERMS AND CONDITIONS OF THE TRANSACTION SHALL BE DESCRIBED IN WRITING AND PROVIDED TO THE CEO PRIOR TO ENTERING INTO THE TRANSACTION TH E CEO WILL REVIEW THE TRANSACTION TO DETERMINE IF IT IS FAIR AND IN THE BEST INTEREST OF T HE MINISTRY IF THE PERSON WITH THE POTENTIAL CONFLICT OF INTEREST IS A DISQUALIFIED PERSO N, THE RESPONSIBLE PERSON WILL PROVIDE ALL MATERIAL TERMS AND CONDITIONS TO THE CEO IN WRI TING THE CEO WILL FORWARD SUCH INFORMATION TO THE COMPENSATION COMMITTEE PRIOR TO ENTERIN G INTO THE TRANSACTION THE TRANSACTION SHALL ONLY BE PERMITTED IF THE COMPENSATION COMMIT TEE DETERMINES THAT THE CONFLICTING INTEREST IS FULLY DISCLOSED, THE RESPONSIBLE PERSON WI TH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTIONS 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 DIRECTOR S 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 BOAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	D 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 INTEREST DISCLOSED BY RESPONSIBLE PERSONS AND MONITOR S POTENTIAL CONFLICT OF INTEREST TRANSACTIONS THROUGHOUT THE YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	NORTH DAKOTA, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WEST VIRGINIA, WISCONSIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X	INVENTORY CONSISTS OF OPERATION CHRISTMAS CHILD SHOEBOX GIFTS, MEDICAL EQUIPMENT AND SUPPLIES, AND OTHER EQUIPMENT AND SUPPLIES FOR USE IN PROGRAMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	-1,987,486 PLANNED GIVING ADMIN FEES -204,312 PLANNED GIVING ADMIN FEES 204,312 TOTAL 1,987,486

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at 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 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

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) EMMANUEL GROUP 104 CORPORATION AVIATION DR NORTH WILKESBORO, NC 28659 76-0748803	TITLE HLDG	NC	501C2		SAM PURSE	Yes	

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 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	

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	NA	TRUST				Yes	
(2) CHARITABLE REMAINDER UNITRUST (1)	TRUST	NC	NA	TRUST					No

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

Part VII **Supplemental Information**

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

Return Reference**Explanation**