

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

**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 \$ 885,480,570

**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)

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

**J** Website: WWW SAMARITAN ORG

**H(c)** Group exemption number

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	13
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	2,818
<b>6</b> Total number of volunteers (estimate if necessary)	191,000
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	618,394,971	776,782,676
<b>9</b> Program service revenue (Part VIII, line 2g)	1,623,373	1,611,922
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	2,373,227	5,024,760
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	470,537	1,297,796
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	622,862,108	784,717,154
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	244,953,281	234,013,752
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118,625,171	137,312,369
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶46,532,857		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	205,720,289	223,933,771
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	569,298,741	595,259,892
<b>19</b> Revenue less expenses Subtract line 18 from line 12	53,563,367	189,457,262
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	489,986,730	678,210,329
<b>21</b> Total liabilities (Part X, line 26)	52,405,912	50,726,034
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	437,580,818	627,484,295

**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 2018-08-17

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

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

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 \$ 262,846,042 including grants of \$ 202,336,257 ) (Revenue \$ )
See Additional Data

4b (Code ) (Expenses \$ 38,954,370 including grants of \$ 190,286 ) (Revenue \$ )
See Additional Data

4c (Code ) (Expenses \$ 21,461,805 including grants of \$ 808,481 ) (Revenue \$ )
See Additional Data

(Code ) (Expenses \$ 196,138,551 including grants of \$ 30,678,728 ) (Revenue \$ 1,611,922 )
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 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, 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 RELIEF IN 2017, SAMARITAN'S PURSE RESPONDED SIMULTANEOUSLY TO THREE OF THE MOST DEVASTATING HURRICANES EVER SEEN IN THE ATLANTIC, DEPLOYING CREWS TO NINE U S CITIES AND SIX CARIBBEAN ISLANDS VOLUNTEER CREWS CLEANED OR REPAIRED OVER 2,900 HOUSES IN TEXAS FOLLOWING HURRICANE HARVEY AND ANOTHER 900 IN FLORIDA AFTER HURRICANE IRMA IN THE CARIBBEAN, SAMARITAN'S PURSE SHIPPED OVER 2,000 TONS OF EMERGENCY SUPPLIES BY AIR AND SEA, IN ORDER TO HELP MORE THAN 200,000 VICTIMS OF HURRICANES IRMA AND MARIA WITH TARPS, BLANKETS, FOOD, WATER FILTERS, GENERATORS, MEDICAL CARE, AND OTHER ESSENTIALS "GOD IS OUR REFUGE AND STRENGTH, A VERY PRESENT HELP IN TROUBLE" (PSALM 46 1) U S DISASTER RELIEF INCLUDING THE HURRICANES, SAMARITAN'S PURSE RESPONDED TO STORMS AND OTHER DISASTERS IN 14 STATES DURING 2017 THIS WAS MADE POSSIBLE THROUGH THE EFFORTS OF 20,860 VOLUNTEERS-OUR MOST EVER-WHO WORKED ON OVER 5,600 HOUSES WE PRAISE GOD THAT 1,076 INDIVIDUALS MADE DECISIONS FOR CHRIST THROUGH THIS MINISTRY "FOR ALL THE LAW IS FULFILLED IN ONE WORD, EVEN IN THIS "YOU SHALL LOVE YOUR NEIGHBOR AS YOURSELF" (GALATIANS 5 14) WORLD MEDICAL MISSION THE MEDICAL ARM OF SAMARITAN'S PURSE MARKED ITS 40TH ANNIVERSARY IN 2017, SENDING 878 MEDICAL VOLUNTEERS TO 61 MISSION HOSPITALS IN 37 COUNTRIES WORLD MEDICAL MISSION ALSO SHIPPED 169 TONS OF MEDICAL SUPPLIES OVERSEAS AND SENT MEDICAL TECHNICIANS AROUND THE WORLD TO MAINTAIN AND INSTALL LIFE-SAVING 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 LORD IS NEAR TO ALL WHO CALL UPON HIM, TO ALL WHO CALL UPON HIM IN TRUTH" (PSALM 145 18) THE GREATEST JOURNEY THIS IS A FOLLOW-UP PROGRAM DEVELOPED BY SAMARITAN'S PURSE ESPECIALLY 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 2017, A TOTAL OF 3,917,875 CHILDREN ENROLLED, 1,915,780 MADE DECISIONS TO TRUST CHRIST AS THEIR LORD AND SAVIOR, AND 1,984,694 COMMITTED TO PRAY FOR AND SHARE THE GOSPEL WITH THEIR FAMILY AND FRIENDS SINCE 2010, 14 9 MILLION CHILDREN HAVE ENROLLED AND 6 9 MILLION HAVE COME TO FAITH IN CHRIST "BUT JESUS SAID, 'LET THE LITTLE CHILDREN COME TO ME, AND DO NOT FORBID THEM, FOR OF SUCH IS THE KINGDOM OF HEAVEN'" (MATTHEW 19 14) OPERATION HEAL OUR PATRIOTS SAMARITAN'S PURSE ESTABLISHED OPERATION HEAL OUR PATRIOTS IN 2012 AS A MINISTRY TO HELP STRENGTHEN THE MARRIAGES OF WOUNDED VETERANS DURING THE 2017 SUMMER SEASON, 157 MILITARY COUPLES SPENT A WEEK AS OUR GUESTS IN ALASKA, WHERE THEY PARTICIPATED IN MARRIAGE ENRICHMENT LESSONS LED BY RETIRED MILITARY CHAPLAINS AND ALSO ENJOYED OUTDOOR ACTIVITIES DESIGNED TO DRAW THEM CLOSER TO GOD AND CLOSER TO EACH OTHER IN SIX YEARS, 843 COUPLES HAVE PARTICIPATED, 398 HAVE REDEDICATED THEIR MARRIAGES, AND 342 INDIVIDUALS HAVE TRUSTED JESUS CHRIST AS THEIR LORD AND SAVIOR SAMARITAN'S PURSE HAS MADE A COMMITMENT TO PROVIDE AFTERCARE FOR EACH COUPLE AS LONG AS THEY NEED IT "YET IN ALL THESE THINGS WE ARE MORE THAN CONQUERORS THROUGH HIM WHO LOVED US" (ROMANS 8 37) CHILDREN'S HEART PROJECT THIS IS A PROJECT OF SAMARITAN'S PURSE THAT BRINGS CHILDREN TO NORTH AMERICA FOR CARDIAC SURGERY THAT IS NOT AVAILABLE IN THE COUNTRIES WHERE THEY LIVE SINCE 1997, WE HAVE PROVIDED SURGERY FOR 1,240 CH

4d Other program services (Describe in Schedule O )
(Expenses \$ 196,138,551 including grants of \$ 30,678,728 ) (Revenue \$ 1,611,922 )

4e Total program service expenses 519,400,768

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-34, 35a-35b, 36-37, 38.

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 other IRS filings.

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 (13); 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, AZ, MA); 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										

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .		3,542,127	550,847

**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 ▶ 72

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
BARZA SECURITY COMPANY, PIRMAM ROAD ERBIL, ERBIL IZ	SECURITY	870,807
DEMOSS INC, 3343 PEACHTREE RD NE SUITE 1000 ATLANTA, GA 30326	COMM/MEDIA/PR	692,768
WTA SERVICES LLC, 201 RIVERPLACE SUITE 500 GREENVILLE, SC 29601	MARKETING	314,828
SERENIC SOFTWARE INC, 445 UNION BLVD SUITE 120 LAKEWOOD, CO 80228	SOFTWARE SERV	292,665
FLIGHTSAFETY INTERNATIONAL, MARINE AIR TERMINAL LAGUARDIA AIRPORT FLUSHING, NY 113711061	TRAINING	221,120

**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 ▶ 16



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	936,206				
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	32,860,833				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	742,985,637				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		236,041,353				
	<b>h Total.</b> Add lines 1a-1f . . . . .			776,782,676			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> BGEA SHARED SERVICES	900099	1,502,553	1,502,553			
	<b>b</b> MISSIONARY AIRCRAFT	900099	109,369	109,369			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,611,922				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,485,026			5,485,026	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .		1,162			1,162	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		79,290					
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)	79,290				
	<b>d</b> Net rental income or (loss) . . . . .			79,290		79,290	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		94,933,342	3,379,033				
		<b>b</b> Less cost or other basis and sales expenses	95,534,583	3,238,058			
		<b>c</b> Gain or (loss)	-601,241	140,975			
	<b>d</b> Net gain or (loss) . . . . .			-460,266		-460,266	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	2,008,595						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	1,990,775				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			17,820	17,820			
Miscellaneous Revenue	Business Code						
<b>11a</b> DOCUMENTARY REVENUE	900099	604,818	604,818				
<b>b</b> DISCOUNTS/OTHER	900099	594,706			594,706		
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,199,524				
<b>12 Total revenue.</b> See Instructions . . . . .			784,717,154	2,234,560	5,699,918		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,778,652	5,778,652		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	522,045	522,045		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	227,713,055	227,713,055		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,720,935	1,218,185	1,012,659	490,091
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	450,281	277,167	89,294	83,820
<b>7</b> Other salaries and wages	98,029,181	71,698,977	11,819,581	14,510,623
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,040,745	2,378,253	696,432	966,060
<b>9</b> Other employee benefits	26,648,861	19,200,818	4,057,118	3,390,925
<b>10</b> Payroll taxes	5,422,366	3,418,320	916,486	1,087,560
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	566,068	287,511	278,557	
<b>c</b> Accounting	379,049	284,009	95,040	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,515,643	14,053,549	1,122,619	1,339,475
<b>12</b> Advertising and promotion	15,360,724	6,420,756	886,740	8,053,228
<b>13</b> Office expenses	18,839,466	9,534,375	1,254,924	8,050,167
<b>14</b> Information technology	1,654,756	545,507	1,108,573	676
<b>15</b> Royalties	260,223	260,223		
<b>16</b> Occupancy	15,335,847	11,215,987	3,447,751	672,109
<b>17</b> Travel	43,992,858	38,746,122	983,844	4,262,892
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,749,574	2,120,148	25,794	1,603,632
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	16,859,489	14,049,695	1,213,320	1,596,474
<b>23</b> Insurance	161,989	90,714	30,778	40,497
<b>24</b> 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.)				
<b>a</b> PROJECT MTLs/SUPPLIES-VAR	28,694,613	28,660,865	620	33,128
<b>b</b> TRANSPT-RELIEF/OTHR MATLS	24,615,606	24,531,497	17,256	66,853
<b>c</b> CONSTRUCTION PROGRAM MTLs	17,817,412	17,817,345	18	49
<b>d</b> BIBLES/EVANGELISTIC MTLs	11,326,378	11,217,018	33,769	75,591
<b>e</b> All other expenses	7,804,076	7,359,975	235,094	209,007
<b>25</b> Total functional expenses. Add lines 1 through 24e	595,259,892	519,400,768	29,326,267	46,532,857
<b>26</b> 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)	14,133,950	4,446,842	84,487	9,602,621

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	165,545,684	<b>1</b>	233,658,608
	<b>2</b> Savings and temporary cash investments . . . . .	201,016	<b>2</b>	201,310
	<b>3</b> Pledges and grants receivable, net . . . . .	9,551,975	<b>3</b>	9,961,363
	<b>4</b> Accounts receivable, net . . . . .	3,170,972	<b>4</b>	5,093,172
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	36,532,601	<b>8</b>	47,742,141
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,537,861	<b>9</b>	7,942,586
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 238,125,188		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 105,276,558	127,120,175	<b>10c</b> 132,848,630
	<b>11</b> Investments—publicly traded securities . . . . .	137,128,928	<b>11</b>	233,824,201
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,197,518	<b>15</b>	6,938,318
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	489,986,730	<b>16</b>	678,210,329	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	28,505,873	<b>17</b>	25,107,398
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	23,900,039	<b>25</b>	25,618,636
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	52,405,912	<b>26</b>	50,726,034
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	248,003,316	<b>27</b>	327,196,108
	<b>28</b> Temporarily restricted net assets . . . . .	188,570,493	<b>28</b>	299,281,178
	<b>29</b> Permanently restricted net assets	1,007,009	<b>29</b>	1,007,009
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	437,580,818	<b>33</b>	627,484,295
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	489,986,730	<b>34</b>	678,210,329

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	784,717,154
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	595,259,892
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	189,457,262
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	437,580,818
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	2,568,804
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-2,122,589
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	627,484,295

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1437002

**Name:** SAMARITAN'S PURSE

Form 990 (2017)

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**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 2017, OPERATION CHRISTMAS CHILD REACHED BOYS AND GIRLS IN 107 COUNTRIES WITH 10,999,792 GIFT BOXES, INCLUDING 8,878,954 COLLECTED IN THE U S SINCE 1993, OCC HAS HANDED OUT 157 8 MILLION SHOEBOX GIFTS THE 2018 NATIONAL COLLECTION WEEK WILL BE NOVEMBER 12-19 AT THOUSANDS OF LOCATIONS ACROSS THE U S

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**Form 990, Part III, Line 4b:**

SOUTH SUDAN RELIEF AS SOUTH SUDAN WENT THROUGH THE WORST FAMINE THE WORLD HAS SEEN IN SIX YEARS, SAMARITAN'S PURSE DISTRIBUTED FOOD RATIONS TO OVER 450,000 PEOPLE AND SUPPLEMENTARY FOOD TO OVER 92,000 WOMEN AND CHILDREN AT RISK OF MALNUTRITION WE SUPPLIED MORE THAN 350 MILLION LITERS OF CLEAN WATER TO REFUGEES OUR INTERNATIONAL MEDICAL TEAMS AT MABAN HOSPITAL SERVED OVER 9,300 PATIENTS, PERFORMED OVER 2,800 SURGERIES, AND DELIVERED MORE THAN 500 BABIES OVER 6,500 BIBLES WERE DISTRIBUTED AND MORE THAN 80,000 PEOPLE HEARD THE GOSPEL THROUGH THE JESUS FILM AND OTHER PROGRAMS FACILITATED BY LOCAL CHURCHES--MANY OF THESE CHURCHES CONSTRUCTED BY SAMARITAN'S PURSE SINCE 2005 "FOR HE SATISFIES THE LONGING SOUL, AND FILLS THE HUNGRY SOUL WITH GOODNESS" (PSALM 107 9)

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**Form 990, Part III, Line 4c:**

IRAQ AS INTERNATIONAL FORCES FOUGHT TO LIBERATE THE CITY OF MOSUL FROM THE DEATH GRIP OF ISIS TERRORISTS, SAMARITAN'S PURSE ESTABLISHED AN EMERGENCY FIELD HOSPITAL NEAR THE FRONT LINES TO PROVIDE LIFE-SAVING SURGICAL CARE FOR WOUNDED CIVILIANS AS WELL AS FIGHTERS FROM BOTH SIDES MORE THAN 450 MEDICAL PROFESSIONALS AND SUPPORT STAFF SERVED AT THE HOSPITAL, TREATING OVER 4,100 PATIENTS AND PROVIDING MORE THAN 1,700 SURGERIES AFTER THE FIGHTING SUBSIDED IN SEPTEMBER, SAMARITAN'S PURSE TURNED OVER THE FIELD HOSPITAL TO THE IRAQI MINISTRY OF HEALTH THROUGH THIS PROJECT, GOD GAVE US OPPORTUNITIES TO SHARE THE LOVE OF CHRIST IN ONE OF THE MOST TROUBLED PARTS OF THE WORLD

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**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			
W FRANKLIN GRAHAM III ..... BD MEM/CHR/P	40 00 .....	X		X				612,422	0	57,926
PHYLLIS T PAYNE ..... BD MEM/SEC/V	40 00 .....	X		X				276,969	0	43,435
LOUIS F HEITZIG ..... BOARD MEMBER	1 00 .....	X						10,000	0	0
FELIX MARTIN DEL CAMPO JR ..... BD MEM/CONSU	1 00 .....	X						6,000	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
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
THOMAS M HODGES IV ..... 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			
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				247,808	0	42,547
DONNA PIERCE ..... ASST SECRET	40 00 .....			X				156,301	0	35,310
JAMES FURMAN ..... ASST TREASU	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			
RONALD WILCOX ..... COO	40 00 .....				X			276,682	0	44,420
J KENNETH ISAACS ..... VP-PROG/GOVT	40 00 .....				X			271,240	0	41,850
JAMES HARRELSON ..... VP-OP CHRIST	40 00 .....				X			267,565	0	46,207
PAULA WOODRING ..... VP-QUALITY A	40 00 .....				X			244,585	0	39,668
WILLIAM MAUPIN ..... VP-INFO TECH	40 00 .....					X		247,708	0	45,006
JAMES DAILEY ..... VP-COMM	40 00 .....					X		244,433	0	40,428
JAMES LOSCHEIDER ..... VP-DONOR MIN	40 00 .....					X		229,050	0	37,834
J TODD CHASTEEN ..... VP-PUBLIC PO	40 00 .....					X		226,194	0	41,795
J LUTHER HARRISON ..... VP-NORTH AME	40 00 .....					X		225,170	0	34,421

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

**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](http://www.irs.gov/form990).

**2017**

**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		
<b>Total</b>						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	456,140,314	502,722,057	585,894,450	618,394,971	776,782,676	2,939,934,468
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	456,140,314	502,722,057	585,894,450	618,394,971	776,782,676	2,939,934,468
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						2,939,934,468

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	456,140,314	502,722,057	585,894,450	618,394,971	776,782,676	2,939,934,468
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,714,517	2,840,028	5,868,513	1,306,454	5,565,478	18,294,990
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	88,221	166,677	479,035	389,576	594,706	1,718,215
<b>11 Total support.</b> Add lines 7 through 10						2,959,947,673

**12** Gross receipts from related activities, etc (see instructions) **12** 4,225,335

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

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.320 %
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	99.340 %

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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** ►

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	DISCOUNTS/OTHER 1,718,215

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	THE MINISTRY'S PUBLIC CHARITY STATUS IS CLASSIFIED AS AN ASSOCIATION OF CHURCHES (IRS SECTION 170(B)(1)(A)(I)) THE MINISTRY IS REQUIRED TO FILE A FORM 990 DUE TO THE RECEIPT OF UNITED STATES GOVERNMENT GRANT FUNDING THE MINISTRY HAS SELECTED SCHEDULE A, PART I, BOX 7 RATHER THAN BOX 1 SINCE THE NATURE OF THE MINISTRY CONTINUES TO BE THAT OF AN ORGANIZATION THAT RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ 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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
SAMARITAN'S PURSE

**Employer identification number**  
58-1437002

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	1,007,009				
<b>b</b> Contributions . . . . .		1,006,651			
<b>c</b> Net investment earnings, gains, and losses	149,177	17,358			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	149,177	17,000			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,007,009	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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		12,859,968		12,859,968
<b>b</b> Buildings . . . . .		85,399,817	27,515,446	57,884,371
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		139,865,403	77,761,112	62,104,291
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				132,848,630

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

**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	25,618,636
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	25,618,636

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	800,823,590
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	2,568,804
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	13,904,073
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	1,990,775
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	18,463,652
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	782,359,938
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,357,216
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,357,216
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	784,717,154

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	610,920,113
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	13,904,073
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	1,990,775
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	15,894,848
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	595,025,265
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	234,627
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	234,627
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	595,259,892

**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 THE 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, 2017

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	COST OF GOODS SOLD 1,990,775

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	PLANNED GIVING BENEFICIARY PAYMENTS 2,122,589 PLANNED GIVING ADMIN FEES 234,627

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF GOODS SOLD 1,990,775

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	PLANNED GIVING ADMIN FEES 234,627

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAMARITAN'S PURSE

**Employer identification number**

58-1437002

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
See Add'l Data					
<b>3a</b> Sub-total	21	3,775			361,237,298
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	21	3,775			361,237,298

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 348

3 Enter total number of other organizations or entities . . . . . ▶





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

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/CARIBBEAN 12,148,620 0 CENTRAL AMERICA/CARIBBEAN 19,012,530 0 EAST ASIA/PACIFIC 10,917,037 0 EAST ASIA/PACIFIC 12,892,953 0 EUROPE 11,821,833 0 EUROPE 1,722,950 0 MIDDLE EAST & NORTH AFRICA 20,531,645 0 MIDDLE EAST & NORTH AFRICA 10,896,960 0 NORTH AMERICA 22,643,251 0 RUSSIA 14,090 0 RUSSIA 12,231,630 0 SOUTH AMERICA 2,855,176 0 SOUTH AMERICA 32,256,341 0 SOUTH ASIA 5,675,692 0 SOUTH ASIA 11,081,400 0 SUB-SAHARAN AFRICA 69,560,150 0 SUB-SAHARAN AFRICA 104,975,040 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/CARIBBEAN	3	200	PROGRAM SVCS	EMERREL/COMDEV/CHILD	12,148,620
CENTRAL AMERICA/CARIBBEAN			GRANTS		19,012,530

**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/PACIFIC	6	387	PROGRAM SVCS	EMERREL/COMDEV/CHED	10,917,037
EAST ASIA/PACIFIC			GRANTS		12,892,953

**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
EUROPE	2	287	PROGRAM SVCS	EMERREL/COMDEV/CHILD	11,821,833
EUROPE			GRANTS		1,722,950

**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	305	PROGRAM SVCS	EMERREL/COMDEV/MED	20,531,645
MIDDLE EAST & NORTH AFRICA			GRANTS		10,896,960



**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		1	GRANTS		22,643,251
RUSSIA		2	PROGRAM SVCS	MED/CHED	14,090

**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
RUSSIA			GRANTS		12,231,630
SOUTH AMERICA	1	81	PROGRAM SVCS	EMERREL/COMDEV/CHED	2,855,176

**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		32,256,341
SOUTH ASIA	2	75	PROGRAM SVCS	EMERREL/COMDEV/MED	5,675,692

**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 ASIA			GRANTS		11,081,400
SUB-SAHARAN AFRICA	6	2,437	PROGRAM SVCS	EMERREL/COMDEV/MED	69,560,150

**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			GRANTS		104,975,040

**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	1,294,699	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	846,213	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	397,364	WIRE			
		MIDDLE EAST & NORTH AFRICA	COMMUNITY DEVELOP	379,363	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	COMMUNITY DEVELOP	325,653	WIRE			
		SOUTH ASIA	COMMUNITY DEVELOP	321,946	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/CARIBBEAN	CHILDREN'S MINISTRY	309,466	WIRE			
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	291,120	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	283,000	WIRE			
		EAST ASIA/PACIFIC	EMERGENCY RELIEF	234,638	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	COMMUNITY DEVELOP	212,600	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	202,360	CHECK/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	200,000	ACH			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	199,328	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	192,800	WIRE			
		SOUTH ASIA	COMMUNITY DEVELOP	189,923	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	CHRISTIAN EDUCATION	148,944	CHECK			
		EUROPE	CHRISTIAN EDUCATION	142,300	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 DEVELOP	134,839	CHECK			
		SOUTH ASIA	COMMUNITY DEVELOP	126,581	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	123,290	WIRE			
		EUROPE	CHRISTIAN EDUCATION	112,300	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	CHRISTIAN EDUCATION	112,300	WIRE			
		EAST ASIA/PACIFIC	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)
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	100,000	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	92,380	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	CHILDREN'S MINISTRY	90,000	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	86,500	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)
		EAST ASIA/PACIFIC	COMMUNITY DEVELOP	80,000	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	80,000	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	75,000	CASH			
		SOUTH ASIA	CHILDREN'S MINISTRY	74,000	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	69,539	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	69,311	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 DEVELOP	68,004	CHECK			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	67,864	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	COMMUNITY DEVELOP	67,500	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	66,300	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	63,757	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	EMERGENCY RELIEF	60,000	CASH			
		SOUTH ASIA	EMERGENCY RELIEF	59,956	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	CHRISTIAN EDUCATION	57,450	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISITANCE	55,941	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	COMMUNITY DEVELOP	55,556	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	55,317	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	MEDICAL ASSISTANCE	55,000	ACH			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	53,282	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	MEDICAL ASSISTANCE	51,112	CHECK			
		MIDDLE EAST & NORTH AFRICA	COMMUNITY DEVELOP	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)
		SOUTH ASIA	EMERGENCY RELIEF	50,000	WIRE			
		SOUTH ASIA	COMMUNITY DEVELOP	49,051	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	CHRISTIAN EDUCATION	48,000	WIRE/CHECK			
		SOUTH ASIA	EMERGENCY RELIEF	47,798	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	CHILDREN'S MINISTRY	42,780	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	40,000	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	40,000	CASH			
		SOUTH ASIA	CHRISTIAN EDUCATION	39,768	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	37,000	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	36,710	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	36,000	WIRE			
		EAST ASIA/PACIFIC	COMMUNITY DEVELOP	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)
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	35,000	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	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)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	35,000	ACH			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	34,000	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	COMMUNITY DEVELOP	33,104	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	32,850	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	MEDICAL ASSISTANCE	32,560	CHECK			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	32,211	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	32,000	ACH			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	30,136	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	30,000	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	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	30,000	WIRE			
		SOUTH ASIA	EMERGENCY RELIEF	30,000	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	COMMUNITY DEVELOP	29,772	WIRE			
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	28,875	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	EMERGENCY RELIEF	28,000	WIRE			
		SOUTH ASIA	EMERGENCY RELIEF	28,000	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	CHRISTIAN EDUCATION	27,500	ACH			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	27,386	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	27,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	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)
		SOUTH AMERICA	COMMUNITY DEVELOP	25,000	CHECK			
		EAST ASIA/PACIFIC	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)
		NORTH AMERICA	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)
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	24,875	ACH			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	24,606	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	24,356	CHECK			
		MIDDLE EAST & NORTH AFRICA	CHRISTIAN EDUCATION	23,500	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	CHRISTIAN EDUCATION	23,000	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	22,928	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	22,750	WIRE			
		EUROPE	MEDICAL ASSISTANCE	22,500	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	MEDICAL ASSISTANCE	22,438	CHECK			
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	22,250	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	CHILDREN'S MINISTRY	22,082	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	21,344	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)
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE	20,835	CHECK			
		EAST ASIA/PACIFIC	MISC PROJECTS	20,000	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 AMERICA	EMERGENCY RELIEF	20,000	ACH			
		EAST ASIA/PACIFIC	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)
		RUSSIA	CHRISTIAN EDUCATION	20,000	ACH			
		NORTH AMERICA	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)
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	18,900	WIRE			
		EUROPE	COMMUNITY DEVELOP	18,290	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 DEVELOP	18,000	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	17,500	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	COMMUNITY DEVELOP	17,000	WIRE			
		EUROPE	COMMUNITY DEVELOP	16,168	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	15,550	CHECK			
		EAST ASIA/PACIFIC	CHRISTIAN EDUCATION	15,500	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	CHILDREN'S MINISTRY	15,474	WIRE			
		SOUTH AMERICA	CHILDREN'S MINISTRY	15,452	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	15,000	WIRE			
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOP	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)
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	15,000	ACH			
		SOUTH ASIA	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)
		CENTRAL AMERICA/CARIBBEAN	EMERGENCY RELIEF	15,000	ACH			
		EAST ASIA/PACIFIC	EMERGENCY RELIEF	14,000	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)
		SOUTH AMERICA	CHILDREN'S MINISTRY	13,718	WIRE			
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE	13,348	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	13,000	ACH			
		EAST ASIA/PACIFIC	COMMUNITY DEVELOP	12,011	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)
		NORTH AMERICA	CHILDREN'S MINISTRY	12,000	WIRE			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	12,000	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 DEVELOP	11,777	CHECK			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	11,589	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	11,556	ACH			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	11,500	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)
		EUROPE	CHRISTIAN EDUCATION	11,325	WIRE			
		MIDDLE EAST & NORTH AFRICA	CHILDREN'S MINISTRY	11,250	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 AMERICA	EMERGENCY RELIEF	11,000	WIRE			
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	11,000	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	MEDICAL ASSISTANCE	10,800	WIRE			
		SOUTH AMERICA	CHILDREN'S MINISTRY	10,778	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	10,232	WIRE			
		SOUTH ASIA	CHILDREN'S MINISTRY	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	MEDICAL ASSISTANCE	10,000	CHECK			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	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)
		SOUTH AMERICA	CHILDREN'S MINISTRY	10,000	WIRE			
		CENTRAL AMERICA/CARIBBEAN	CHILDREN'S MINISTRY	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	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)
		SOUTH AMERICA	CHRISTIAN EDUCATION	10,000	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	10,000	CHECK/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 DEVELOP	10,000	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	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)
		RUSSIA	CHILDREN'S MINISTRY	10,000	ACH			
		SUB-SAHARAN AFRICA	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)
		MIDDLE EAST & NORTH AFRICA	EMERGENCY RELIEF	10,000	WIRE			
		SOUTH ASIA	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)
		SOUTH ASIA	MEDICAL ASSISTANCE	9,735	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	9,666	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	9,500	WIRE			
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	9,000	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	EMERGENCY RELIEF	9,000	ACH			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	9,000	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)
		SOUTH ASIA	EMERGENCY RELIEF	9,000	WIRE			
		SOUTH ASIA	MEDICAL ASSISTANCE	8,705	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	8,500	WIRE			
		CENTRAL AMERICA/CARIBBEAN	CHILDREN'S MINISTRY	8,500	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	COMMUNITY DEVELOP	8,500	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	8,000	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	8,000	WIRE			
		EUROPE	CHILDREN'S MINISTRY	8,000	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)
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE	8,000	ACH			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	8,000	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)
		CENTRAL AMERICA/CARIBBEAN	EMERGENCY RELIEF	8,000	ACH			
		CENTRAL AMERICA/CARIBBEAN	CHILDREN'S MINISTRY	7,538	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	7,500	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	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	CHRISTIAN EDUCATION	7,500	ACH			
		SOUTH ASIA	EMERGENCY RELIEF	7,438	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	7,288	WIRE			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	6,620	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	6,539	CHECK			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	6,500	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)
		CENTRAL AMERICA/CARIBBEAN	CHILDREN'S MINISTRY	6,500	WIRE			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	6,200	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	6,006	CHECK			
		SOUTH AMERICA	COMMUNITY DEVELOP	6,004	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	6,000	ACH			
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	6,000	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	6,000	WIRE			
		SUB-SAHARAN AFRICA	EMERGENCY RELIEF	6,000	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	MEDICAL ASSISTANCE	5,915	CHECK			
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	5,800	CHECK/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	COMMUNITY DEVELOP	5,681	WIRE			
		EAST ASIA/PACIFIC	CHILDREN'S MINISTRY	5,624	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	5,598	WIRE			
		SUB-SAHARAN AFRICA	CHRISTIAN EDUCATION	5,511	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	CHRISTIAN EDUCATION	5,500	WIRE			
		SOUTH ASIA	CHILDREN'S MINISTRY	5,500	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)
		SUB-SAHARAN AFRICA	CHILDREN'S MINISTRY	5,500	WIRE			
		EUROPE	COMMUNITY DEVELOP	5,389	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	5,342	WIRE			
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	5,174	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	5,157	WIRE			
		EUROPE	MISC PROJECTS	5,050	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)
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			894,729	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			865,874	MED/RELIEF 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	MEDICAL ASSISTANCE			252,110	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			246,984	MED/RELIEF MTLS	FMV

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(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			241,336	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			219,749	MED/RELIEF MTLS	FMV

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(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			217,983	MED/RELIEF MTLS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE			198,788	MED/RELIEF 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 ASSISTANCE			191,417	MED/RELIEF MTLS	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			177,500	MED/RELIEF MTLS	FMV

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(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			153,782	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			137,103	MED/RELIEF MTLS	FMV



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(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	MEDICAL ASSISTANCE			129,600	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			128,836	MED/RELIEF MTLS	FMV

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(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/CARIBBEAN	MEDICAL ASSISTANCE			126,125	MED/RELIEF MTLS	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			113,450	MED/RELIEF MTLS	FMV

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		EAST ASIA/PACIFIC	MEDICAL ASSISTANCE			105,000	MED/RELIEF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			103,572	MED/RELIEF 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	MEDICAL ASSISTANCE			93,440	MED/RELIEF MTLS	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			82,250	MED/RELIEF 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 ASSISTANCE			79,842	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			72,443	MED/RELIEF MTLS	FMV

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(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			63,159	MED/RELIEF MTLS	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			59,753	MED/RELIEF MTLS	FMV

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(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/CARIBBEAN	MEDICAL ASSISTANCE			56,142	MED/RELIEF MTLs	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			51,292	MED/RELIEF MTLs	FMV

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(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/CARIBBEAN	MEDICAL ASSISTANCE			39,880	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			36,380	MED/RELIEF MTLS	FMV



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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			35,620	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			34,710	MED/RELIEF MTLS	FMV

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		RUSSIA	MEDICAL ASSISTANCE			33,915	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			31,081	MED/RELIEF MTLS	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			29,325	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			28,929	MED/RELIEF MTLS	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			28,534	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			28,223	MED/RELIEF MTLS	FMV

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(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			26,983	MED/RELIEF MTLS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE			24,382	MED/RELIEF MTLS	FMV

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

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		EUROPE	MEDICAL ASSISTANCE			18,361	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			18,224	MED/RELIEF MTLS	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			16,197	MED/RELIEF MTLS	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			15,972	MED/RELIEF MTLS	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			15,806	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			15,564	MED/RELIEF MTLS	FMV



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		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			15,361	MED/RELIEF MTLS	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			14,934	MED/RELIEF MTLS	FMV

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		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			14,793	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			12,984	MED/RELIEF MTLS	FMV

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		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			12,645	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			12,102	MED/RELIEF MTLS	FMV

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		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			11,256	MED/RELIEF MTLs	FMV
		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			10,696	MED/RELIEF MTLs	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			10,116	MED/RELIEF MTLS	FMV
		EUROPE	MEDICAL ASSISTANCE			9,032	MED/RELIEF MTLS	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			7,810	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			7,005	MED/RELIEF MTLS	FMV

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		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			6,833	MED/RELIEF MTLS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			6,493	MED/RELIEF MTLS	FMV

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		CENTRAL AMERICA/CARIBBEAN	MEDICAL ASSISTANCE			6,028	MED/RELIEF MTLs	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE			5,236	MED/RELIEF MTLs	FMV



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		NORTH AMERICA	OCC			21,504,769	SHOEBOX GIFTS	FMV
		RUSSIA	OCC			8,977,724	SHOEBOX GIFTS	FMV

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		SOUTH AMERICA	OCC			8,595,678	SHOEBOX GIFTS	FMV
		SOUTH AMERICA	OCC			7,831,632	SHOEBOX GIFTS	FMV

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		SOUTH AMERICA	OCC			7,831,632	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			6,112,483	SHOEBOX GIFTS	FMV

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		CENTRAL AMERICA/CARIBBEAN	OCC			5,985,165	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			5,921,495	SHOEBOX GIFTS	FMV

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		EAST ASIA/PACIFIC	OCC			5,730,506	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			5,730,460	SHOEBOX GIFTS	FMV

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		SUB-SAHARAN AFRICA	OCC			5,348,506	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			5,348,460	SHOEBOX GIFTS	FMV

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(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			5,172,940	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			4,775,403	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			4,584,391	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			4,584,368	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			4,205,291	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			3,820,299	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/CARIBBEAN	OCC			3,820,299	SHOEBOX GIFTS	FMV
		EAST ASIA/PACIFIC	OCC			3,629,334	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/CARIBBEAN	OCC			3,247,264	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			3,247,264	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			3,056,276	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			2,865,218	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			2,674,207	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			2,483,196	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			2,483,196	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			2,307,538	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			2,292,207	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			2,292,207	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)
		SUB-SAHARAN AFRICA	OCC			2,292,184	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			2,292,184	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			2,101,173	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			1,910,184	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			1,910,161	SHOEBOX GIFTS	FMV
		SOUTH ASIA	OCC			1,910,161	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			1,719,150	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,528,138	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			1,528,138	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,337,127	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			1,146,898	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,146,092	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			1,146,092	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			1,146,092	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			1,146,092	SHOEBOX GIFTS	FMV
		EAST ASIA/PACIFIC	OCC			1,078,669	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)
		NORTH AMERICA	OCC			1,073,582	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			1,005,929	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			955,748	SHOEBOX GIFTS	FMV
		SOUTH ASIA	OCC			955,081	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			824,931	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			764,069	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			764,069	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA/CARIBBEAN	OCC			660,622	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			596,537	SHOEBOX GIFTS	FMV
		RUSSIA	OCC			573,058	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			573,058	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			573,058	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			497,210	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA/CARIBBEAN	OCC			469,610	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			382,046	SHOEBOX GIFTS	FMV
		SOUTH AMERICA	OCC			382,046	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/CARIBBEAN	OCC			382,046	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			382,046	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			382,046	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA/CARIBBEAN	OCC			382,046	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			277,954	SHOEBOX GIFTS	FMV
		SOUTH AMERICA	OCC			274,501	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/CARIBBEAN	OCC			264,511	SHOEBOX GIFTS	FMV
		RUSSIA	OCC			251,482	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			251,482	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			251,482	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			251,482	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			251,482	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			251,482	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA/CARIBBEAN	OCC			191,035	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/CARIBBEAN	OCC			191,035	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			183,714	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			115,256	SHOEBOX GIFTS	FMV
		MIDDLE EAST & NORTH AFRICA	OCC			115,256	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/CARIBBEAN	OCC			87,564	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA/CARIBBEAN	OCC			87,564	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/CARIBBEAN	OCC			72,349	SHOEBOX GIFTS	FMV
		SUB-SAHARAN AFRICA	OCC			50,941	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			23,894	SHOEBOX GIFTS	FMV
		CENTRAL AMERICA/CARIBBEAN	OCC			23,894	SHOEBOX GIFTS	FMV

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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)
CHILDREN'S MINISTRY	SUB-SAHARAN AFRICA	2	233,401	WIRE			
CHRISTIAN EDUCATION	SUB-SAHARAN AFRICA	15	101,842	CHECK/CASH			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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)
MISSIONARY ASSISTANCE	MIDDLE EAST & NORTH AFRICA	1	36,000	WIRE			
COMMUNITY DEVELOPMENT	SUB-SAHARAN AFRICA	1	33,123	CHECK/CASH			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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)
COMMUNITY DEVELOPMENT	MIDDLE EAST & NORTH AFRICA	1	11,000	WIRE			
MISSIONARY ASSISTANCE	SOUTH ASIA	1	10,000	WIRE			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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)
MISSIONARY ASSISTANCE	SUB-SAHARAN AFRICA	1	10,000	WIRE			
MISSIONARY ASSISTANCE	EUROPE	1	6,894	WIRE			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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)
CHILDREN'S MINISTRY	SOUTH AMERICA	1	6,444	WIRE			



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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
 

<b>a</b>	The organization's facility	%
<b>b</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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization  
SAMARITAN'S PURSE

**Employer identification number**  
58-1437002

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ \_\_\_\_\_ 45
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL ASSISTANCE	18	21,215	9,255	FMV	MEDICAL EQUIP
(2) MISSIONARY ASSISTANCE	4	12,871			
(3) OPERATION CHRISTMAS CHILD	15768		362,963	FMV	SHOEBOX GIFTS
(4) PERSONAL ASSISTANCE	8	115,741			
(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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABWE FOUNDATION INC PO BOX 8585 HARRISBURG, PA 17105	23-2913381	3	6,000				MISSIONARY ASSIST
AMG INTERNATIONAL 6815 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	13-1766596	3	8,400				MISSIONARY ASSIST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAMBOO CROSS INTERNATIONAL 1904 SAN FERNANDO DRIVE HIGH POINT, NC 27265	95-3622099	3	50,000				MISSIONARY ASSIST
BRIGADE AIR INC PO BOX 97 BLOOMINGDALE, NJ 07403	20-0896758	3	10,000				MISSIONARY ASSIST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALVARY TABERNACLE OF CONEY ISLAND PO BOX 240078 BROOKLYN, NY 11224	51-0142296	3	16,000				RECONSTRUCTION
CARVER HEIGHTS ELEMENTARY SCHOOL 411 BUNCHE DRIVE GOLDSBORO, NC 27530	56-6001131	3		8,901	FMV	SCHL/OFF SUPP	COMMUNITY DEVELOP



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CELEBRATION CHURCH SPRINGFIELD 26012 LA HIGHWAY 42 HOLDEN, LA 70744	47-1515645	3	42,965				RECONSTRUCTION
CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN, OH 44610	34-1344364	3	200,000				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN CENTER CHURCH 8774 DAVE CLARK ST DENHAM SPRINGS, LA 70726	72-1229997	3	19,914				RECONSTRUCTION
COMITE BAPTIST CHURCH 12250 GREENWELL SPRINGS ROAD BATON ROUGE, LA 70814	23-7057840	3	6,116				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DON AVENUE BAPTIST CHURCH 1010 DON AVENUE DENHAM SPRINGS, LA 70726	72-0707809	3	60,266				RECONSTRUCTION
FAITH ASSEMBLY OF GOD BATON ROUGE 12219 GREENWELL SPRINGS ROAD BATON ROUGE, LA 70814	30-0473561	3	55,902				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST ASSEMBLY OF GOD PO BOX 1778 WALKER, LA 70785	72-0955249	3	8,310				RECONSTRUCTION
FIRST BAPTIST CHURCH 301 NORTH GLASS VICTORIA, TX 77901	74-1340057	3	50,000				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH ALTA LOMA PO BOX 547 SANTA FE, TX 77510	74-1676921	3	45,000				RECONSTRUCTION
FIRST BAPTIST CHURCH HEAD OF ISLAND PO BOX 123 FRENCH SETTLEMENT, LA 70733	72-0979035	3	42,835				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH FAR ROCKAWAY 1510 REDFERN AVE FAR ROCKAWAY, NY 11691	11-2535221	3	17,539				RECONSTRUCTION
FIRST BAPTIST CHURCH HOLDEN PO BOX 66 HOLDEN, LA 70744	72-0804486	3	9,919				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST CHURCH OF GOD INC 1425 BEACH CHANNEL DRIVE FAR ROCKAWAY, NY 11691	11-2973310	3	56,250				RECONSTRUCTION
FOUR HOLES BAPTIST CHURCH 1622 FOUR HOLES ROAD ORANGEBURG, SC 29115	57-0762333	3		37,488	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF KIJABE 2629 OAKMEADE DRIVE CHARLOTTE, NC 28270	47-5469826	3	7,079				MISSIONARY ASSIST
FRONTIERS PO BOX 60670 PHOENIX, AZ 85082	95-3731505	3	125,000				CHRISTIAN EDUCATION



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACE ACADEMY BOONE PO BOX 1212 BOONE, NC 28607	26-2961966	3	20,000				CHILDREN'S MINISTRY
GREENWELL SPRINGS BAPTIST CHURCH PO BOX 295 GREENWELL SPRINGS, LA 70739	72-0921983	3	120,000				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE PREGNANCY RESOURCE CENTER 208 HOWARD STREET BOONE, NC 28607	58-1859569	3	10,000				MEDICAL ASSISTANCE
HOUSE ON THE ROCK CHURCH 91-08 ROCKAWAY BEACH BLVD ROCKAWAY BEACH, NY 11693	11-3348162	3	30,500				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IGLESIA PENTECOSTAL DE JESUCRISTO 2102 MERMAID AVENUE BROOKLYN, NY 11224	11-2467728	3	49,500				RECONSTRUCTION
INTERNATIONAL FOUNDATION 133 C STREET SE WASHINGTON, DC 20003	53-0204614	3	50,000				CHRISTIAN EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MISSION AVIATION REPAIR CENTER 595 FUNNY RIVER ROAD SOLDOTNA, AK 99669	92-0032812	3	104,688				CHRISTIAN ED/TRAIN
MARSHALL CHURCH PO BOX 545 BETHEL, AK 99559	92-0110419	3		886,478	BOOK	BLDG/LAND	CHRISTIAN EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAURICEVILLE ASSEMBLY OF GOD PO BOX 306 MAURICEVILLE, TX 77626	76-0039918	3	17,095				RECONSTRUCTION
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ, PA 17543	23-2713127	3	1,800,000				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONTREAT COLLEGE PO BOX 1267 MONTREAT, NC 28757	56-0543261	3	100,000				CHRISTIAN EDUCATION
MOSS HILL SCHOOL 6040 HWY 55 WEST KINSTON, NC 28504	56-6001063	3		5,280	FMV	SCHL/OFF SUPP	COMMUNITY DEVELOP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW BEGINNINGS GLOBAL FELLOWSHIP 109 DEEPWATER AVENUE PASADENA, TX 77503	20-5502612	3	50,000				RECONSTRUCTION
OUTREACH TO AMERICA'S YOUTH INC PO BOX 623 ODESSA, FL 33556	62-1372562	3	39,600				EMERGENCY RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLEASANT GROVE BAPTIST CHURCH 1564 SILVERSTONE ROAD ZIONVILLE, NC 28698	56-1389326	3		6,641	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE
PROCTER BAPTIST CHURCH 4401 JIMMY JOHNSON BLVD PORT ARTHUR, TX 77642	74-6001906	3	27,000				RECONSTRUCTION



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESCUE AMERICA BAPTIST MISSION PO BOX 1465 MILLERS CREEK, NC 28651	54-2102339	3		142,889	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE
RESTORE GLOBAL PO BOX 77293 CHARLOTTE, NC 28271	26-0745879	3		167,535	FMV	MED/RELF MTLs	MEDICAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIVER OF LIFE WORSHIP CENTER 18295 LA HWY 16 PORT VINCENT, LA 70726	72-1466189	3	92,680				RECONSTRUCTION
SOUTHCENTRAL FOUNDATION 4501 DIPLOMACY DRIVE ANCHORAGE, AK 99508	92-0086076	3	29,000				EMERGENCY RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEVENDALE BAPTIST CHURCH 16545 OLD HAMMOND HWY BATON ROUGE, LA 70816	72-0537869	3	53,923				RECONSTRUCTION
TRINITY BAPTIST CHURCH PO BOX 1246 SMITHVILLE, TX 78957	74-2308653	3	30,000				RECONSTRUCTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 46952	35-0911947	3	20,001				MISSIONARY ASSIST

**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](http://www.irs.gov/form990).

**2017**

**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><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input 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 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 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>b</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><b>2</b> 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><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b No								
	4c No									
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a No	5b No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a No	6b No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									



**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>PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION FIRST CLASS TRAVEL ONE HIGHER COMPENSATED EMPLOYEE AND THREE FAMILY MEMBERS EACH TRAVELED ONE TIME VIA FIRST CLASS AIRFARE FOR MINISTRY PURPOSES FOR ONE FLIGHT, NO COACH SERVICE WAS AVAILABLE FOR THREE FLIGHTS, FIRST CLASS AIRFARE WAS REQUESTED BY MANAGEMENT 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 ANTIGUA, KENYA, LIBERIA AND THE UNITED STATES (ALASKA, NORTH CAROLINA AND PUERTO RICO), TO PERFORM ITS EVANGELISM AND RELIEF PROGRAMS, AS WELL AS CHARTER FLIGHTS PROVIDED BY OTHER MISSIONARY AVIATION MINISTRIES OR PRIVATE CHARTERS TO CARRY OUT RELIEF AND MINISTRY PROGRAMS THESE 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 FOUR BOARD MEMBERS, FIVE OFFICERS, FOUR KEY EMPLOYEES, AND FOUR HIGHER COMPENSATED EMPLOYEES TRAVELED IN MINISTRY-OWNED OR CHARTERED AIRCRAFT FOR MINISTRY PURPOSES A PORTION OF ONE KEY EMPLOYEE'S, ONE OFFICER'S AND ONE BOARD MEMBER'S TRIPS WERE REPORTED AS TAXABLE COMPENSATION TRAVEL FOR SPOUSE AND/OR OTHER FAMILY MEMBER(S) 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 OTHER 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 OTHER 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 A SPOUSE AND/OR OTHER FAMILY MEMBER(S) WAS FOR VOLUNTEERING ON MINISTRY PROJECTS THIS TRAVEL RESULTED IN MINIMAL, IF ANY, ADDITIONAL EXPENSE TO THE MINISTRY LISTED PERSONS WITH TRAVEL BY A SPOUSE AND/OR OTHER FAMILY MEMBER(S) WERE AS FOLLOWS FOUR BOARD MEMBERS, FIVE OFFICERS, TWO KEY EMPLOYEES, AND THREE HIGHER COMPENSATED EMPLOYEES WERE ACCOMPANIED BY A SPOUSE AND/OR OTHER FAMILY MEMBER(S) ON MINISTRY ACTIVITY ONE OFFICER AND ONE KEY EMPLOYEE WERE ACCOMPANIED BY A SPOUSE AND/OR OTHER FAMILY MEMBER(S) NOT 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 THREE KEY EMPLOYEES RECEIVED GROSS-UP PAYMENTS TWO PERTAINED TO TRAVEL EXPENSES RELATED TO FAMILY MEMBER MEDICAL MATTERS AND THE THIRD RELATED TO FAMILY MEMBER EDUCATION THESE PAYMENTS WERE REVIEWED AND APPROVED BY BOTH THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS, AND WERE TREATED AS TAXABLE 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>







**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) COREY LYNCH	SON-IN-LAW DIR	76,541	COMP/BENEFITS		No
(1) MARTY COTTRELL	SON-IN-LAW DIR	74,255	COMP/BENEFITS		No

**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
(3) JOHN PAYNE	SPOUSE DIR	48,593	COMP/BENEFITS		No
(1) JESSICA ZERKLE	DAUGHTER KEYEMP	47,276	COMP/BENEFITS		No

**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
(5) WILLIAM FURMAN	SON OFFICER	45,855	COMP/BENEFITS		No
(1) JANE GRAHAM	SPOUSE DIR	44,693	COMP/BENEFITS		No

**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
(7) JANE LYNCH	DAUGHTER DIR	35,756	COMP/BENEFITS		No
(1) PHAKJIRA ISAACS	DA-IN-LAW KYEMP	32,983	COMP/BENEFITS		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(9) ANN LITTLEJOHN	DAUGHTER OFF	24,723	COMP/BENEFITS		No
(1) ALLISON IDOL	DAUGHTER DIR	10,690	COMP/BENEFITS		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **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](http://www.irs.gov/form990)**

**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 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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		10,481	COST
<b>5</b> Clothing and household goods . . . . .	X		1,466,960	COST
<b>6</b> Cars and other vehicles . . . . .	X	9	80,776	COST
<b>7</b> Boats and planes . . . . .	X	1	37,844	SELLING PRICE
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	763	8,240,446	SELLING PRICE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .	X	3	2,676,410	SELLING PRICE/APPRaisal
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .	X	3	1,075	SELLING PRICE
<b>19</b> Food inventory . . . . .	X	19	8,653,294	COST
<b>20</b> Drugs and medical supplies . . . . .	X	1,154	6,778,300	COST
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( SHOEBOX GIFTS )	X	8,841,338	207,925,952	COST
<b>26</b> Other ▶ ( AGRI ITEMS )	X	31	140,213	SELLING PRICE
<b>27</b> Other ▶ ( FUEL )	X	2	29,602	COST
<b>28</b> 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** 11

	Yes	No
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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](http://www.irs.gov/form990).

**2017**

**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 RELIEF IN 2017, SAMARITAN'S PURSE RESPONDED SIMULTANEOUSLY TO THREE OF THE MOST DEVASTATING HURRICANES EVER SEEN IN THE ATLANTIC, DEPLOYING CREWS TO NINE US CITIES AND SIX CARIBBEAN ISLANDS VOLUNTEER CREWS CLEANED OR REPAIRED OVER 2,900 HOUSES IN TEXAS FOLLOWING HURRICANE HARVEY AND ANOTHER 900 IN FLORIDA AFTER HURRICANE IRMA IN THE CARIBBEAN, SAMARITAN'S PURSE SHIPPED OVER 2,000 TONS OF EMERGENCY SUPPLIES BY AIR AND SEA, IN ORDER TO HELP MORE THAN 200,000 VICTIMS OF HURRICANES IRMA AND MARIA WITH TARPS, BLANKETS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>TS, FOOD, WATER FILTERS, GENERATORS, MEDICAL CARE, AND OTHER ESSENTIALS "GOD IS OUR REFUG E AND STRENGTH, A VERY PRESENT HELP IN TROUBLE" (PSALM 46 1) U S DISASTER RELIEF INCLUD ING THE HURRICANES, SAMARITAN'S PURSE RESPONDED TO STORMS AND OTHER DISASTERS IN 14 STATES DURING 2017 THIS WAS MADE POSSIBLE THROUGH THE EFFORTS OF 20,860 VOLUNTEERS-OUR MOST EVE R-WHO WORKED ON OVER 5,600 HOUSES WE PRAISE GOD THAT 1,076 INDIVIDUALS MADE DECISIONS FOR CHRIST THROUGH THIS MINISTRY "FOR ALL THE LAW IS FULFILLED IN ONE WORD, EVEN IN THIS "Y OU SHALL LOVE YOUR NEIGHBOR AS YOURSELF" (GALATIANS 5 14) WORLD MEDICAL MISSION THE MEDI CAL ARM OF SAMARITAN'S PURSE MARKED ITS 40TH ANNIVERSARY IN 2017, SENDING 878 MEDICAL VOLU NTEERS TO 61 MISSION HOSPITALS IN 37 COUNTRIES WORLD MEDICAL MISSION ALSO SHIPPED 169 TON S OF MEDICAL SUPPLIES OVERSEAS AND SENT MEDICAL TECHNICIANS AROUND THE WORLD TO MAINTAIN A ND INSTALL LIFE-SAVING EQUIPMENT WE PRAISE GOD FOR HOW HE USES THESE PHYSICIANS AND HOSPI TALS TO SAVE LIVES AND SPREAD THE GOSPEL OF JESUS CHRIST, THE GREAT PHYSICIAN "THE LORD I S NEAR TO ALL WHO CALL UPON HIM, TO ALL WHO CALL UPON HIM IN TRUTH" (PSALM 145 18) THE GR EATEST JOURNEY THIS IS A FOLLOW-UP PROGRAM DEVELOPED BY SAMARITAN'S PURSE ESPECIALLY 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 2017, A TOTAL OF 3,917,875 CHILDREN ENROLLED, 1,915,780 MADE DECISIO NS TO TRUST CHRIST AS THEIR LORD AND SAVIOR, AND 1,984,694 COMMITTED TO PRAY FOR AND SHARE THE GOSPEL WITH THEIR FAMILY AND FRIENDS SINCE 2010, 14 9 MILLION CHILDREN HAVE ENROLLED AND 6 9 MILLION HAVE COME TO FAITH IN CHRIST "BUT JESUS SAID, 'LET THE LITTLE CHILDREN C OME TO ME, AND DO NOT FORBID THEM, FOR OF SUCH IS THE KINGDOM OF HEAVEN'" (MATTHEW 19 14) OPERATION HEAL OUR PATRIOTS SAMARITAN'S PURSE ESTABLISHED OPERATION HEAL OUR PATRIOTS IN 2012 AS A MINISTRY TO HELP STRENGTHEN THE MARRIAGES OF WOUNDED VETERANS DURING THE 2017 SUMMER SEASON, 157 MILITARY COUPLES SPENT A WEEK AS OUR GUESTS IN ALASKA, WHERE THEY PARTI CIPATED IN MARRIAGE ENRICHMENT LESSONS LED BY RETIRED MILITARY CHAPLAINS AND ALSO ENJOYED OUTDOOR ACTIVITIES DESIGNED TO DRAW THEM CLOSER TO GOD AND CLOSER TO EACH OTHER IN SIX YE ARS, 843 COUPLES HAVE PARTICIPATED, 398 HAVE REDEDICATED THEIR MARRIAGES, AND 342 INDIVIDU ALS HAVE TRUSTED JESUS CHRIST AS THEIR LORD AND SAVIOR SAMARITAN'S PURSE HAS MADE A COMMI TMENT TO PROVIDE AFTERCARE FOR EACH COUPLE AS LONG AS THEY NEED IT "YET IN ALL THESE THIN GS WE ARE MORE THAN CONQUERORS THROUGH HIM WHO LOVED US" (ROMANS 8 37) CHILDREN'S HEART P ROJECT THIS IS A PROJECT OF SAMARITAN'S PURSE THAT BRINGS CHILDREN TO NORTH AMERICA FOR C ARDIAC SURGERY THAT IS NOT AVAILABLE IN THE COUNTRIES WHERE THEY LIVE SINCE 1997, WE HAVE PROVIDED SURGERY FOR 1,240 CH</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, GREECE, BURMA, TURKEY

**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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 INTER EST DISCLOSURE STATEMENT WHETHER OR NOT INVOLVED IN A TRANSACTION WITH THE MINISTRY THE D ISCLOSURE STATEMENTS ARE SUBMITTED BY THESE INDIVIDUALS ON AN ANNUAL BASIS, AS WELL AS THR OUGHTOUT 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 TRANSACTI ON 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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, VP OF FINANCE/CFO AND DIRECTOR OF CORPORATE AFFAIRS), 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 2017 COMPENSATION ARRANGEMENT FOR THE CHIEF EXECUTIVE OFFICER AND REPORTED TO THE BOARD OF DIRECTORS FOR CALENDAR YEAR 2017, 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 15B	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, 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 2017, 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 17	NORTH DAKOTA, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WEST VIRGINIA, WISCONSIN, ARIZONA, MASSACHUSETTS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VIII	PART VII, 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	COST OF GOODS SOLD 1,990,775 PLANNED GIVING BENEFICIARY PAYMENTS -2,122,589 PLANNED GIVING ADMIN FEES -234,627 COST OF GOODS SOLD -1,990,775 PLANNED GIVING ADMIN FEES 234,627 TOTAL -2,122,589

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAMARITAN'S PURSE

**Employer identification number**

58-1437002

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