3 **4**a

4b

4c

5

Gross profit Subtract line 2 from line 1c

Net gain (loss) (Form 4797, Part II, line 17

Income (loss) from partnership and S corporation (

Capital loss deduction for trusts

C

Capital gain net income (attach Schedule S

For Paperwork Reduction Act Notice, see instructions.

(attach REDEIVED

state

Form 990-T (2018)

Forn	n 990-T (2018) Samaritan's Purse		8-143/004			Page Z
P	art III Total Unrelated Business Taxable income					
33	Total of unrelated business taxable income computed from all unrelated trades or business	nesses	(see]]	-
	instructions)				33	
34	Amounts paid for disallowed fringes				34	63,531
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018	3 (see				,
	instructions)				35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35	from th	ie sum			·
	of lines 33 and 34				36	63,531
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37	63,531 1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greate	r than i	line 36		"	
30	enter the smaller of zero or line 36	HILAITI	iiie 30,		38	62,531
] 30]	02,331
<u> </u>	art IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)				T T	12 122
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				39	13,132
40		1041)			40 1	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1	1041)			40	
41	Proxy tax. See instructions				41	 '
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instructions				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	<u>L_13,132</u> 1.
Pŧ	art V Tax and Payments					
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a]	
b	Other credits (see instructions)	45b]	
С	General business credit Attach Form 3800 (see instructions)	45c]]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			1 1	
е	Total credits. Add lines 45a through 45d				45e	I
46	Subtract line 45e from line 44				46	13,132
47	Other taxes	ch \			47	
48	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. s	,			48	13,132
	•	_			-	15,132
49 	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2				49	
50a	Payments A 2017 overpayment credited to 2018	50a			1 1	•
b	2018 estimated tax payments	50b			1 1	
С	Tax deposited with Form 8868	50c			- 1	
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d]	•
е	Backup withholding (see instructions)	50e	<u></u>	<u>,711</u>	_	, 7
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			1 1	
g	Other credits, adjustments, and payments Form 2439]			1 1	
	Form 4136 Other Total ▶	50g	•		1 1	
51	Total payments. Add lines 50a through 50g				51	/19,711
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			▶ 🗍	52	/
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount over	ernaid			54	6,579
	Fenter the amount of line 54 you want: Credited to 2019 estimated tax	cipaid	Pofun	404	55	6,579
	Int VI Statements Regarding Certain Activities and Other Inform	ation	/ Refun		1 22	0,313-
						V N-
56	At any time during the 2018 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "YES," the o	signati Irganiza	ure or other autho	rity file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the					
	here ► VN, LR, UG, KE, KH, LK, MN, BO, etc.		3	,		X
57	During the tax year, did the organization receive a distribution from, or was it the granto	or of, or	transferor to, a fo	reign tru	ust?	X
	If "YES," see instructions for other forms the organization may have to file		·	-		
8	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to	the best of my knowledg	e and belie	f, it is	
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any k	nowledge			May the IRS discuss this return
der		700				with the preparer shown below (see instructions)?
ief	VP-Fillance/C	JFO_				Yes No
	Signature of officer Date Title		Dat		T ===	
	Print/Type preparer's name Preparer's signature		Dat	9	Check	of PTIN
aid					self-emp	ployed
	arer Firm's name			Firm's	EIN >	
Jse	Only prepared by a					
	Firm's address non-paid preparer.			Phone	no	
						Form 990-T (2018)

Form	n990-T(2018) Samar	itan's Pu	rse				28-1	43/002			Pa	age 3
Sch	nedule A - Cost of Go	ods Sold. Ente	r method	of invent	ton	/ valuation ▶						
1	Inventory at beginning of ye		_	0 6	_	nventory at end of y	ear		6			
2	Purchases	2			7 Cost of goods sold. Subtract				T			
3	Cost of labor	3			line 6 from line 5. Enter here and				1			
4a	Additional sec 263A costs					n Part I, line 2			7			
	(attach schedule)	4a		8		•	on 263A	(with respect to		·	Yes	No
b	Other costs	4b			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply					•		
5	(attach schedule) Total Add lines 1 through					to the organization?	doquii	sa for resale, apply		1	İ	
	nedule C – Rent Incom		Property	and Per			hase	With Real Prope	arty)			
	ee instructions)	ie (i ioiii iteai i	roperty	and ter	30	ilai i iopeity Lo	asca	With Nout Flope	,			
								_ 				
	N/A				_							
(1)	N/A											
(2)					_							
(3)						 						
(4)												
		2 Rent receiv	ed or accrued	<u> </u>								
	(a) From personal property (if the p	=				ersonal property (if the			-	connected with the in		
	for personal property is more than	an 10% but not		_		personal property exceeds ased on profit or income)		in columns 2(a) and	2(b) (attach schedule	e)	
	more than 50%)		°	O% of it the rem	11 15 0	ased on profit of income)						
(1)			<u> </u>									
(2)												
(3)												
(4)			ļ <u>.</u>									
Tota	<u> </u>		Total					(b) Total deduction	5.			
	otal income. Add totals of c		o) Enter					Enter here and on pa				
	and on page 1, Part I, line 6]	<u> </u>		Part I, line 6, column	(B) ▶			
Sch	edule E – Unrelated D	Debt-Financed	Income	(see ınstru	ıctı	ons)		_ 				
			1	2 Gro	oss ir	scome from or		3 Deductions directly co			0	
1				allocable to debt-financed			debt-fina	roperty				
							traight line depreciation	ľ	(b) Other deductions			
						<u></u> -		(attach schedule)	-	(attach sched	ule)	
(1)	N/A								+			
(2)												
(3)									-			
(4)									- -			
	Amount of average acquisition debt on or	Average adjusted of or allocable to				Column	7.0	ross income reportable	ł	8. Allocable dedu		
	allocable to debt-financed	debt-financed prop				livided plumn 5		olumn 2 x column 6)	l.	(column 6 x total of 3(a) and 3(b)		S
	property (attach schedule)	(attach schedule)		by c	OILITIES 3		<u> </u>	丄	3(a) and 3(b	"" ———	
(1)						%			1_			
(2)						%						
(3)						%			<u> </u>			
(4)						%						
								here and on page 1,		inter here and o		
							Part	, line 7, column (A)		Part I, line 7, col	lumn ((B)
Total	ls					> [
Total	l dividends-received deduc	ctions included in c	olumn 8			•		<u> </u>				

Schedule F - Interest, Annu	uities, Royali	ties, and Ren	ts Fron	n Controll	ed Or	ganiz	ations	(see instruc	tions)	
				ot Controlled						
1 Name of controlled organization ide		Employer ntification number	3 Net uni	3 Net unrelated income		ital of spe	cified	5 Part of column		6 Deductions directly
		(loss) (se		e instructions) payments n		yments m		included in the o organization's gro	-	connected with income in column 5
(1) N/A										
(2)										<u> </u>
(3)										
(4)					L			<u> </u>		<u> </u>
Nonexempt Controlled Organiza	tions					,				
8 1		Net unrelated income loss) (see instructions)		payments made		inc	10 Part of column 9 that is included in the controlling organization's gross income		1	11 Deductions directly onnected with income in column 10
(1)										
(2)			_ -							
(3)										
(4)							-			
Totals			Enter he Part I, 1			ter here ar art I, line 8,	columns 5 and 10 here and on page 1, I, line 8, column (A)		Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Schedule G – Investment Ir	come of a S	ection 501(c)	(7), (9)	, or (17) O	rganiz	ation	(see ii	nstructions)		
1 Description of income	2 Amount of in	directly				4 Set-asides attach schedule)		5 Total deductions and set-asides (col. 3 plus col.4)		
(1) N/A		<u> </u>		 						
				<u> </u>						
(2)		 						-+-		
(3)									- +	
(4)		<u> </u>								
Totals	•	Enter here and or Part I, line 9, colo	n page 1, umn (A)		:	,				nter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited Exer	npt Activity	Income. Othe	er Than	Advertisi	na Inc	ome	(see in	structions)		
	2 Gross	3 Expens		4. Net income (1		7 Excess exempt
	unrelated	directly connected with		from unrelated trade or business (column		5. Gross income from activity that		0. ⊏xp	enses	expenses
1 Description of exploited activity	business income from trade or	production		2 minus column			unrelated	attribut	table to mn 5	(column 6 minus column 5, but not
	business	unrelate		If a gain, comp		busine	ss income			more than
		business inc	come	cols 5 through	''					column 4)
(1) N/A	<u></u>	- 								
			+					- 		+
2)										
(3)	· — · - — · —									
4)	Eduction of a	- F-11								Enter here and
Enter here and or page 1, Part I, line 10, col (A)		page 1, Part I,							on page 1, Part II, line 26	
Totals •	L									
Schedule J – Advertising In				11.4 - 4 - 1 =						
Part I Income From P	eriodicals R	eported on a	Conso	ilidated Ba	ISIS					
	2. Gross	ĺ	[4. Advertising	- 1					7 Excess readership
1. Name of penodical	advertising income	3 Direct advertising of	,	2 minus col 3) If 1		dership sts	costs (column 6 minus column 5, but not more than column 4)			
1) N/A					L					
2)					L					_
3)										
4)										
Totals (carry to Part II, line (5))	 -									Form 990-T (2018)
										rorm 330-1 (2018)

Totals, Part II (lines 1-5)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4. Advertising 7 Excess readership 2. Gross gain or (loss) (col costs (column 6 5 Circulation 6. Readership 3 Direct advertising 2 minus col 3) If minus column 5, but 1. Name of periodical costs advertising costs income income a gain, compute not more than cols 5 through 7 column 4) (1) N/A (3) Totals from Part I ▶

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)								
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business					
(1) N/A		%						
(2)		%						
(3)		%						
(4)		%						
Total. Enter here and on page 1, Part II, line 14		•						

Enter here and on

page 1, Part I,

line 11, col (B)

Enter here and on page 1, Part I, Ine 11, col (A)

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Enter here and

on page 1,