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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , and ending

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): PO Box 3000 | Room/suite

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$ 1015088393

F Name and address of principal officer:
William Franklin Graham III
PO Box 3000
Boone NC 28607

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

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

I Tax-exempt status: [X] 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: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1980

M State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Samaritan's Purse is a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world with the purpose of sharing God's love through His Son, Jesus Christ.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4039
6	Total number of volunteers (estimate if necessary)	6	154400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	720,326,030	875,161,969
	9	Program service revenue (Part VIII, line 2g)	2,618,850	3,008,866
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,099,919	15,456,803
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,068,074	681,255
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	734,112,873	894,308,893
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	271,485,286	247,664,677
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	155,972,315	170,944,965
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,746,099		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	261,669,768	251,360,152
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	689,127,369	669,969,794
	19	Revenue less expenses. Subtract line 18 from line 12	44,985,504	224,339,099
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	766,644,176	994,004,205
	21	Total liabilities (Part X, line 26)	64,687,351	70,285,216
	22	Net assets or fund balances. Subtract line 21 from line 20	701,956,825	923,718,989

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

▶ C. Merrill Littlejohn — Signature of officer — Date 8-25-2021

▶ Merrill Littlejohn VP-Finance/CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ This tax return prepared by a non-paid preparer. | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [ ] Yes [X] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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 $ 282,676,399 including grants of$ 205,896,676) (Revenue $)

OPERATION CHRISTMAS CHILD (OCC): Through this project, Samaritan's Purse 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 2020, OCC reached boys and girls in more than 100 countries with 9,123,202 gift boxes, including 7,809,410 collected in the U.S. (Others come from Canada, the United Kingdom, Germany, Finland, Korea, Spain, and Australia.) Since 1993, OCC has handed out over 188 million shoebox gifts. National Collection Week will be Nov. 15-22, 2021, at thousands of locations across the U.S.

4b (Code:) (Expenses $ 40,639,614 including grants of$ 377,590) (Revenue $)

SOUTH SUDAN RELIEF: Samaritan's Purse continued to support refugees and internally displaced persons in South Sudan throughout 2020. Teams distributed food rations and nutritional supplementation to nearly 300,000 people in Northern Bahr el Ghazal, Unity State, and Upper Nile. Doctors and nurses at the Maban County Hospital treated 25,764 patients. Teams reached over 372,100 people with COVID-19 prevention messaging and more than 89,200 people were reached through water, sanitation and hygiene projects. Livelihoods projects were ran for more than 50,000 people, teaching vocational skills and providing agricultural training. Work also continued with church partners to train and disciple almost 70,000 people through ministry and biblical leadership development programs.

4c (Code:) (Expenses $ 39,035,936 including grants of$ 5,547,903) (Revenue $)

U.S. DISASTER RELIEF: Over 16,000 volunteers served with our North American Ministries in 2020 and helped more than 5,700 households in 12 states, including over 1,600 households in four cities in Louisiana that were devastated by back-to-back hurricanes. Reconstruction teams also finished 96 houses in Texas, Florida, and the Carolinas. We praise God that 808 individuals trusted Jesus as their Savior through our disaster relief ministries. "For all the law is fulfilled in one word, even in this: "You shall love your neighbor as yourself" (Galatians 5:14).

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

(Expenses $ 207,410,178 including grants of$ 35,842,508) (Revenue $ 3,689,423)

4e Total program service expenses u 569,762,127

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2015		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4039			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country u See Schedule O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 4			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
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?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed u AK,AZ,CA,CO,FL,GA,HI,IL,LA,MA,MD,MN,MS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records u

C. Merrill Littlejohn 801 Bamboo Road
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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) William Franklin Graham III	40.00									
Bd Mem/Chr/Pres/CEO	0.00	X		X				670,731	0	69,973
(2) Ronald Wilcox	40.00									
COO	0.00				X			302,784	0	49,893
(3) Kenneth Isaacs	40.00									
VP-Prog/Govt Rel	0.00				X			291,504	0	55,847
(4) James Harrelson	40.00									
VP-Op ChristmasChild	0.00				X			291,529	0	53,144
(5) Christopher Weeks	40.00									
ChairmanAffiliateOff	0.00					X		293,822	0	48,596
(6) Paula Woodring	40.00									
Bd Mem/VP-Qual Assur	0.00	X						275,558	0	51,112
(7) William Maupin	40.00									
VP-Info Technology	0.00					X		269,878	0	54,431
(8) James Dailey	40.00									
VP-Communications	0.00					X		267,191	0	47,791
(9) Merrill Littlejohn	40.00									
VP-Finance/CFO	0.00			X				269,913	0	44,936
(10) Brian Gresham	40.00									
DirecOCCAffiliateOff	0.00					X		281,871	0	29,149
(11) Phyllis Payne	30.00									
Bd Mem/AstSec/EAPres	0.00	X		X				243,012	0	46,361

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) Luther Harrison	40.00									
VP-North Amer Min	0.00					X		245,570	0	34,787
(13) Donna Pierce	40.00									
Secretary/VP-Corp Af	0.00			X				203,618	0	42,097
(14) Jane Austin Lynch	40.00									
Bd Mem/Spokesperson	0.00	X						112,702	0	28,245
(15) Felix Martin del Campo	1.00									
Bd Mem/Consultant	0.00	X						16,000	0	0
(16) Sterling Carroll	1.00									
Bd Mem/Treasurer	0.00	X		X				0	0	0
(17) Michael Cheatham	1.00									
Board Member	0.00	X						0	0	0
(18) Melvin Graham	1.00									
Board Member	0.00	X						0	0	0
(19) Roy Graham	1.00									
Board Member	0.00	X						0	0	0
1b Subtotal ..... u								4,035,683		656,362
c Total from continuation sheets to Part VII, Section A ..... u										
d Total (add lines 1b and 1c) ..... u								4,035,683		656,362

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 u167

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
POIT, LLC 1914 Skillman Street, Suite 110360 Dallas TX 75206	IT Consulting	588,876
North Carolina Baptist Hospital Medical Center Blvd. Winston-Salem NC 27157	Medical Svcs.	582,693
Flight Safety International, Inc. PO Box 75691 Charlotte NC 28275	Pilot Training	464,730
WS Insight, LTD B Wing, Floor 9, UAPEquatoria Tower Juba OD	Security	339,569
Syska Hennessy Group, Inc. PO Box 48212 Newark NJ 07101	Engineering	279,840

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u 24

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(20) Michael Harwood	1.00									
Board Member	0.00	X						0	0	0
(21) Louis Heitzig	1.00									
Board Member	0.00	X						0	0	0
(22) Thomas Hodges	1.00									
Board Member	0.00	X						0	0	0
(23) Douglas Horne	1.00									
Board Member	0.00	X						0	0	0
(24) James Oliver	1.00									
Board Member	0.00	X						0	0	0
(25) Brian Pauls	1.00									
Bd Mem/Vice Chairman	0.00	X		X				0	0	0
(26) Jerry Prevo	1.00									
Board Member	0.00	X						0	0	0
(27) Paul Saber	1.00									
Board Member	0.00	X						0	0	0
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(28) John Scott Board Member	1.00 0.00	X						0	0	0
(29) Robert Shank Board Member	1.00 0.00	X						0	0	0
(30) James Furman Assistant Treasurer	1.00 0.00			X				0	0	0
1b Subtotal u										
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	2,040,409				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	67,056,043				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	806,065,517				
	g Noncash contributions included in lines 1a-1f	1g	$ 214,859,913				
	h **Total.** Add lines 1a–1f u			875,161,969			
Program Service Revenue		Business Code					
	2a BGEA Shared Services	900099		3,008,866	3,008,866		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f u			3,008,866			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) u			8,286,443			8,286,443
	4 Income from investment of tax-exempt bond proceeds u						
	5 Royalties u			698			698
		(i) Real	(ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss) u						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	117,795,145	6,965,287			
	b Less: cost or other basis and sales exps.	7b	111,445,639	6,144,433			
	c Gain or (loss)	7c	6,349,506	820,854			
	d Net gain or (loss) u			7,170,360			7,170,360
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events u						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities u						
	10a Gross sales of inventory, less returns and allowances	10a	3,575,601				
	b Less: cost of goods sold	10b	3,189,428				
	c Net income or (loss) from sales of inventory u			386,173	386,173		
Miscellaneous Revenue		Business Code					
	11a Discounts/Other	900099		294,261	294,261		
	b Documentary Revenue	900099		123	123		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d u			294,384			
	12 **Total revenue.** See instructions u			894,308,893	3,689,423	0	15,457,501

DAA

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,567,261	7,567,261		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	759,575	759,575		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	239,337,841	239,337,841		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,118,958	1,360,047	1,027,964	730,947
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	745,854	508,672	90,831	146,351
7 Other salaries and wages	122,769,842	83,984,734	19,672,700	19,112,408
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,686,394	3,136,218	1,246,293	1,303,883
9 Other employee benefits	31,377,638	21,766,570	5,025,863	4,585,205
10 Payroll taxes	7,246,279	4,300,470	1,502,243	1,443,566
11 Fees for services (nonemployees):				
a Management				
b Legal	699,684	297,603	402,021	60
c Accounting	247,889	141,862	104,693	1,334
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	16,685,364	13,986,654	1,374,462	1,324,248
12 Advertising and promotion	16,265,198	6,274,780	463,781	9,526,637
13 Office expenses	23,084,079	12,818,151	1,965,578	8,300,350
14 Information technology	2,521,946	682,732	1,832,641	6,573
15 Royalties	244,624	244,624		
16 Occupancy	19,758,552	12,240,124	6,631,100	887,328
17 Travel	27,629,512	25,115,046	920,040	1,594,426
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,114,605	509,348	3,989	601,268
20 Interest	3,683	3,683		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,104,436	15,164,966	3,469,735	3,469,735
23 Insurance	234,983	122,191	56,396	56,396
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Project Mtls/Supplies-Var	50,420,869	50,199,536	24,305	197,028
b Transpt-Relief/Othr Mtls	27,812,946	27,755,899	7,427	49,620
c Construction Program Mtls	19,144,135	19,113,217	336	30,582
d Bibles/Evangelistic Mtls	14,274,824	14,075,884	85,893	113,047
e All other expenses	9,112,823	8,294,439	553,277	265,107
25 Total functional expenses. Add lines 1 through 24e	669,969,794	569,762,127	46,461,568	53,746,099
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u [X] if following SOP 98-2 (ASC 958-720)	16,232,480	6,722,457	376,185	9,133,838

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	248,573,388	1	435,654,392
	2	Savings and temporary cash investments	203,461	2	205,699
	3	Pledges and grants receivable, net	8,199,662	3	10,197,935
	4	Accounts receivable, net	1,748,219	4	1,917,584
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	49,299,952	8	42,429,862
	9	Prepaid expenses and deferred charges	5,211,577	9	9,478,233
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 387,584,414			
	b	Less: accumulated depreciation — 10b 150,782,267	193,311,089	10c	236,802,147
	11	Investments—publicly traded securities	252,339,504	11	252,356,478
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,757,324	15	4,961,875
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	766,644,176	16	994,004,205
Liabilities	17	Accounts payable and accrued expenses	39,841,643	17	41,914,799
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,845,708	25	28,370,417
	26	**Total liabilities.** Add lines 17 through 25	64,687,351	26	70,285,216
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	458,674,126	27	639,962,307
	28	Net assets with donor restrictions	243,282,699	28	283,756,682
		Organizations that do not follow FASB ASC 958, check here u [ ] and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	701,956,825	32	923,718,989
	33	Total liabilities and net assets/fund balances	766,644,176	33	994,004,205

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	894,308,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	669,969,794
3	Revenue less expenses. Subtract line 2 from line 1	3	224,339,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	701,956,825
5	Net unrealized gains (losses) on investments	5	72,004
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,648,939
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	923,718,989

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

u Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	618,394,971	776,782,676	688,260,668	720,326,030	875,161,969	3678926314
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	618,394,971	776,782,676	688,260,668	720,326,030	875,161,969	3678926314
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						109,705,012
6 Public support. Subtract line 5 from line 4						3569221302

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	618,394,971	776,782,676	688,260,668	720,326,030	875,161,969	3678926314
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,306,454	5,565,478	7,924,599	10,552,388	8,287,141	33,636,060
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	389,576	594,706	481,814			1,466,096
11 **Total support.** Add lines 7 through 10						3714028470

12 Gross receipts from related activities, etc. (see instructions) 12 24,657,050

13 **First 5 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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) ..... 14 96.10 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 97.61 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 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

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	
6	Other distributions (*describe in Part VI*). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	
9	Distributable amount for 2020 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

Part II, Line 10 - Other Income Detail

Discounts/Other $ 1,466,096

Supplemental Information

The Ministry's public charity status is classified as an association of churches (IRS Section 170(b)(1)(A)(i)). 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 B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u **Go to** *www.irs.gov/Form990* **for the latest information.**

OMB No. 1545-0047

2020

Name of the organization	**Employer identification number**
Samaritan's Purse	58-1437002

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ .....

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization: Samaritan's Purse

Employer identification number: 58-1437002

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 66,968,283	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education
- ☐ Preservation of a 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 Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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 u

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

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 FASB 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 FASB 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 u $

(ii) Assets included in Form 990, Part X u $

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 u $

b Assets included in Form 990, Part X u $

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 make 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 program
- **e** ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,007,009	1,007,009	1,007,009	1,007,009	
b Contributions					1,006,651
c Net investment earnings, gains, and losses	113,280	274,870	4,237	149,177	17,358
d Grants or scholarships					
e Other expenditures for facilities and programs	113,280	274,870	4,237	149,177	17,000
f Administrative expenses					
g End of year balance	1,007,009	1,007,009	1,007,009	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 u %
- **b** Permanent endowment u 100.00 %
- **c** Term endowment u %

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,904,296		24,904,296
b Buildings		168,600,671	39,610,645	128,990,026
c Leasehold improvements				
d Equipment		194,079,447	111,171,622	82,907,825
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* u				236,802,147

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Planned Giving Program Liability	28,370,417
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* u	28,370,417

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ..... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	898,666,165
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	72,004		
b	Donated services and use of facilities	2b	7,182,737		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	7,254,741
3	Subtract line **2e** from line **1**			3	891,411,424
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,897,469		
c	Add lines **4a** and **4b**			4c	2,897,469
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	894,308,893

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	676,904,001
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	7,182,737		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	7,182,737
3	Subtract line **2e** from line **1**			3	669,721,264
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	248,530		
c	Add lines **4a** and **4b**			4c	248,530
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	669,969,794

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

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

Part X - FIN 48 Footnote

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

Part XIII Supplemental Information *(continued)*

that it does not have any material unrecognized tax benefits or obligations as of December 31, 2020.

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

Planned Giving Beneficiary Payments	$	2,648,939
Planned Giving Admin. Fees	$	248,530

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

Planned Giving Admin. Fees	$	248,530

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America/Caribbean (1)	2	289	Program Svcs	Child/ComDev/EmerRlf	16,759,167
Central America/Caribbean (2)			Grants		34,790,562
East Asia/Pacific (3)	7	420	Program Svcs	ComDev/EmerRlf/Med	9,776,631
East Asia/Pacific (4)			Grants		16,869,248
Europe (5)		88	Program Svcs	ComDev/Med	2,519,957
Europe (6)			Grants		1,185,316
Middle East & North Africa (7)	2	315	Program Svcs	ChEd/ComDev/EmerRlf	12,907,482
Middle East & North Africa (8)			Grants		12,381,164
North America (9)		2	Program Svcs	ComDev/EmerRlf/Med	196,447
North America (10)			Grants		22,548,193
Russia (11)		1	Program Svcs	EmerRlf/Med	1,013,456
Russia (12)			Grants		16,860,709
South America (13)	2	218	Program Svcs	ComDev/EmerRlf/Med	9,625,884
South America (14)			Grants		15,493,597
South Asia (15)	1	9	Program Svcs	ComDev/EmerRlf/Med	84,468
South Asia (16)			Grants		12,824,181
Sub-Saharan Africa (17)	8	2,460	Program Svcs	ComDev/EmerRlf/Med	82,953,988
3a Subtotal	22	3,802			268,790,450
b Total from continuation sheets to Part I ..					106,384,871
c **Totals** (add lines 3a and 3b)	22	3,802			375,175,321

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

u **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
u **Attach to Form 990.**
u **Go to** *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
Sub-Saharan Africa (1)			Grants		106,384,871
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					106,384,871
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	Medical Assistance	3,576,807	EFT			
(2)		Middle East & North Africa	Christian Education	2,111,379	Wire			
(3)		Middle East & North Africa	Community Develop.	1,614,343	Check			
(4)		East Asia/Pacific	Emergency Relief	1,110,572	Wire			
(5)		Middle East & North Africa	Medical Assistance	832,183	EFT			
(6)		Middle East & North Africa	Medical Assistance	825,659	Cash			
(7)		Central America/Caribbean	Community Develop.	735,667	Wire			
(8)		Europe	Misc. Projects	591,934	Wire			
(9)		Central America/Caribbean	Community Develop.	433,610	Wire			
(10)		Central America/Caribbean	Children's Ministry	428,076	Cash/Wire			
(11)		Sub-Saharan Africa	Medical Assistance	419,307	Check			
(12)		Sub-Saharan Africa	Community Develop.	392,900	Check			
(13)		Middle East & North Africa	Emergency Relief	356,224	Cash/Check			
(14)		Central America/Caribbean	Community Develop.	340,049	Wire			
(15)		North America	Misc. Projects	306,486	Wire			
(16)		Russia	Emergency Relief	288,250	EFT			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... u 431

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America/Caribbean	Community Develop.	288,019	Wire			
(2)			Central America/Caribbean	Community Develop.	274,681	Wire			
(3)			Europe	Misc. Projects	271,328	Wire			
(4)			Central America/Caribbean	Community Develop.	268,659	Wire			
(5)			Central America/Caribbean	Community Develop.	238,723	Wire			
(6)			Sub-Saharan Africa	Christian Education	215,000	Wire			
(7)			Middle East & North Africa	Christian Education	207,900	Wire			
(8)			Central America/Caribbean	Community Develop.	191,668	Wire			
(9)			Central America/Caribbean	Community Develop.	190,130	Wire			
(10)			Central America/Caribbean	Community Develop.	188,698	Wire			
(11)			Middle East & North Africa	Medical Assistance	183,700	Wire			
(12)			Central America/Caribbean	Community Develop.	182,331	Wire			
(13)			Middle East & North Africa	Community Develop.	170,000	Cash			
(14)			North America	Children's Ministry	157,494	Wire			
(15)			Sub-Saharan Africa	Medical Assistance	150,000	EFT			
(16)			Middle East & North Africa	Medical Assistance	148,000	EFT			

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

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	Christian Education	148,000	Cash			
(2)		Central America/Caribbean	Community Develop.	146,948	Wire			
(3)		Central America/Caribbean	Community Develop.	146,283	Wire			
(4)		Middle East & North Africa	Christian Education	140,000	Cash			
(5)		Sub-Saharan Africa	Christian Education	133,333	EFT			
(6)		South Asia	Christian Education	124,750	Wire			
(7)		Central America/Caribbean	Community Develop.	124,485	Wire			
(8)		Central America/Caribbean	Community Develop.	122,795	Wire			
(9)		Central America/Caribbean	Community Develop.	122,624	Wire			
(10)		Middle East & North Africa	Emergency Relief	112,263	EFT			
(11)		Central America/Caribbean	Community Develop.	111,842	Wire			
(12)		Central America/Caribbean	Community Develop.	105,721	Wire			
(13)		Central America/Caribbean	Community Develop.	102,966	Wire			
(14)		Central America/Caribbean	Community Develop.	102,463	Wire			
(15)		Central America/Caribbean	Community Develop.	100,615	Wire			
(16)		Central America/Caribbean	Community Develop.	100,000	EFT			

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

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America/Caribbean	Children's Ministry	97,793	Wire			
(2)		Central America/Caribbean	Community Develop.	96,169	Wire			
(3)		South Asia	Children's Ministry	92,604	Wire			
(4)		Central America/Caribbean	Community Develop.	91,464	Wire			
(5)		Central America/Caribbean	Community Develop.	89,163	Wire			
(6)		Central America/Caribbean	Community Develop.	89,119	Wire			
(7)		East Asia/Pacific	Christian Education	86,456	Wire			
(8)		Central America/Caribbean	Community Develop.	84,840	Wire			
(9)		Middle East & North Africa	Emergency Relief	82,603	Cash			
(10)		Central America/Caribbean	Children's Ministry	81,816	Wire			
(11)		East Asia/Pacific	Community Develop.	79,897	Wire			
(12)		Central America/Caribbean	Community Develop.	78,897	Wire			
(13)		Sub-Saharan Africa	Children's Ministry	78,476	Wire			
(14)		Central America/Caribbean	Community Develop.	78,394	Wire			
(15)		Sub-Saharan Africa	Children's Ministry	78,000	EFT			
(16)		Sub-Saharan Africa	Emergency Relief	77,774	Check			

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

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South America	Children's Ministry	77,500	Wire			
(2)		Sub-Saharan Africa	Children's Ministry	76,359	Wire			
(3)		Sub-Saharan Africa	Community Develop.	75,000	EFT			
(4)		Middle East & North Africa	Christian Education	72,500	Wire			
(5)		Central America/Caribbean	Community Develop.	71,208	Wire			
(6)		Sub-Saharan Africa	Medical Assistance	71,000	Check			
(7)		Sub-Saharan Africa	Children's Ministry	68,996	Wire			
(8)		Sub-Saharan Africa	Children's Ministry	66,900	Wire			
(9)		Central America/Caribbean	Community Develop.	66,545	Wire			
(10)		Sub-Saharan Africa	Emergency Relief	64,501	Wire			
(11)		Sub-Saharan Africa	Community Develop.	63,800	Wire			
(12)		North America	Children's Ministry	61,450	Wire			
(13)		Russia	Emergency Relief	60,000	Wire			
(14)		Sub-Saharan Africa	Medical Assistance	57,500	Check			
(15)		East Asia/Pacific	Children's Ministry	57,000	Wire			
(16)		Central America/Caribbean	Community Develop.	56,793	Wire			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America/Caribbean	Community Develop.	56,436	Wire			
(2)			Central America/Caribbean	Community Develop.	55,782	Wire			
(3)			Central America/Caribbean	Community Develop.	55,530	Wire			
(4)			Central America/Caribbean	Community Develop.	55,208	Wire			
(5)			South Asia	Medical Assistance	55,000	Wire			
(6)			South Asia	Emergency Relief	54,696	EFT			
(7)			Sub-Saharan Africa	Emergency Relief	54,230	Wire			
(8)			Middle East & North Africa	Emergency Relief	54,000	Cash/Check			
(9)			Central America/Caribbean	Community Develop.	53,973	Wire			
(10)			Middle East & North Africa	Emergency Relief	52,671	EFT			
(11)			Central America/Caribbean	Community Develop.	52,666	Wire			
(12)			Central America/Caribbean	Community Develop.	52,448	Wire			
(13)			Central America/Caribbean	Community Develop.	52,269	Wire			
(14)			Central America/Caribbean	Community Develop.	51,323	Wire			
(15)			Central America/Caribbean	Community Develop.	50,254	Wire			
(16)			Middle East & North Africa	Christian Education	50,000	Wire			

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Middle East & North Africa	Emergency Relief	50,000	EFT			
(2)		Middle East & North Africa	Community Develop.	50,000	Cash			
(3)		Central America/Caribbean	Community Develop.	48,896	Wire			
(4)		Central America/Caribbean	Community Develop.	48,678	Wire			
(5)		Central America/Caribbean	Community Develop.	48,412	Wire			
(6)		Sub-Saharan Africa	Children's Ministry	48,204	Wire			
(7)		Middle East & North Africa	Emergency Relief	48,103	Cash			
(8)		Russia	Children's Ministry	47,421	Check			
(9)		Central America/Caribbean	Community Develop.	46,007	Wire			
(10)		Sub-Saharan Africa	Children's Ministry	45,428	Wire			
(11)		Sub-Saharan Africa	Children's Ministry	45,416	Wire			
(12)		Sub-Saharan Africa	Medical Assistance	45,337	Wire			
(13)		South America	Children's Ministry	45,254	Wire			
(14)		South Asia	Emergency Relief	44,664	Wire			
(15)		Central America/Caribbean	Medical Assistance	44,420	Wire			
(16)		Sub-Saharan Africa	Children's Ministry	43,517	Wire			

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(1)		Sub-Saharan Africa	Children's Ministry	43,357	Wire			
(2)		Central America/Caribbean	Community Develop.	43,219	Wire			
(3)		Central America/Caribbean	Community Develop.	43,017	Wire			
(4)		Central America/Caribbean	Community Develop.	42,582	EFT			
(5)		Central America/Caribbean	Community Develop.	42,215	Wire			
(6)		Central America/Caribbean	Community Develop.	42,189	Wire			
(7)		East Asia/Pacific	Misc. Projects	40,958	Wire			
(8)		Central America/Caribbean	Medical Assistance	40,851	EFT			
(9)		Sub-Saharan Africa	Children's Ministry	40,640	Wire			
(10)		Sub-Saharan Africa	Medical Assistance	40,000	Wire			
(11)		Sub-Saharan Africa	Medical Assistance	40,000	EFT			
(12)		Sub-Saharan Africa	Emergency Relief	40,000	EFT			
(13)		Central America/Caribbean	Community Develop.	39,668	Wire			
(14)		Middle East & North Africa	Community Develop.	39,561	Cash			
(15)		East Asia/Pacific	Medical Assistance	37,770	Check			
(16)		South Asia	Emergency Relief	37,750	Wire			

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(1)			Sub-Saharan Africa	Children's Ministry	36,799	Wire			
(2)			South Asia	Emergency Relief	35,111	Wire			
(3)			Sub-Saharan Africa	Children's Ministry	35,076	Wire			
(4)			Central America/Caribbean	Community Develop.	33,369	Wire			
(5)			Central America/Caribbean	Community Develop.	33,227	Wire			
(6)			Sub-Saharan Africa	Children's Ministry	32,637	Wire			
(7)			Sub-Saharan Africa	Medical Assistance	32,532	Wire			
(8)			Sub-Saharan Africa	Medical Assistance	31,787	Wire			
(9)			Central America/Caribbean	Community Develop.	31,783	Wire			
(10)			South Asia	Children's Ministry	31,388	Wire			
(11)			South America	Children's Ministry	30,785	Wire			
(12)			Central America/Caribbean	Community Develop.	30,253	Wire			
(13)			East Asia/Pacific	Children's Ministry	30,000	Wire			
(14)			Middle East & North Africa	Emergency Relief	30,000	EFT			
(15)			East Asia/Pacific	Medical Assistance	30,000	Check			
(16)			Europe	Emergency Relief	30,000	Wire			

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(1)			Sub-Saharan Africa	Children's Ministry	30,000	Wire			
(2)			Sub-Saharan Africa	Children's Ministry	29,790	Wire			
(3)			Central America/Caribbean	Community Develop.	29,651	Wire			
(4)			Central America/Caribbean	Community Develop.	29,499	Wire			
(5)			East Asia/Pacific	Emergency Relief	29,207	Check			
(6)			East Asia/Pacific	Children's Ministry	29,075	Wire			
(7)			Sub-Saharan Africa	Medical Assistance	28,869	Wire			
(8)			Sub-Saharan Africa	Children's Ministry	28,792	Wire			
(9)			Russia	Children's Ministry	27,662	Wire			
(10)			Sub-Saharan Africa	Medical Assistance	27,463	Wire			
(11)			Central America/Caribbean	Community Develop.	27,138	Wire			
(12)			Europe	Children's Ministry	27,000	Wire			
(13)			Central America/Caribbean	Community Develop.	26,758	Wire			
(14)			South Asia	Emergency Relief	26,567	EFT			
(15)			Central America/Caribbean	Children's Ministry	26,440	Wire			
(16)			Central America/Caribbean	Community Develop.	26,434	Wire			

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(1)		Sub-Saharan Africa	Children's Ministry	25,800	Wire			
(2)		Central America/Caribbean	Community Develop.	25,457	Wire			
(3)		South Asia	Medical Assistance	25,164	Wire			
(4)		Central America/Caribbean	Community Develop.	25,127	Wire			
(5)		Central America/Caribbean	Children's Ministry	25,019	Wire			
(6)		Middle East & North Africa	Community Develop.	25,000	EFT			
(7)		Middle East & North Africa	Christian Education	25,000	Wire			
(8)		South America	Children's Ministry	25,000	Wire			
(9)		Central America/Caribbean	Emergency Relief	25,000	EFT			
(10)		Sub-Saharan Africa	Children's Ministry	25,000	Wire			
(11)		Middle East & North Africa	Medical Assistance	24,889	Check			
(12)		Sub-Saharan Africa	Children's Ministry	24,812	Wire			
(13)		Sub-Saharan Africa	Medical Assistance	24,550	EFT			
(14)		Central America/Caribbean	Community Develop.	24,322	Wire			
(15)		Central America/Caribbean	Community Develop.	24,271	Wire			
(16)		Central America/Caribbean	Community Develop.	22,902	Wire			

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(1)		East Asia/Pacific	Misc. Projects	22,673	Wire			
(2)		Central America/Caribbean	Community Develop.	22,514	Wire			
(3)		Central America/Caribbean	Community Develop.	22,413	Wire			
(4)		East Asia/Pacific	Emergency Relief	22,255	Check			
(5)		Central America/Caribbean	Community Develop.	21,911	Wire			
(6)		Sub-Saharan Africa	Children's Ministry	21,501	Wire			
(7)		Central America/Caribbean	Medical Assistance	21,150	Wire			
(8)		Central America/Caribbean	Community Develop.	21,106	Wire			
(9)		Sub-Saharan Africa	Medical Assistance	21,000	Wire			
(10)		East Asia/Pacific	Children's Ministry	20,958	Wire			
(11)		East Asia/Pacific	Children's Ministry	20,695	Check			
(12)		Sub-Saharan Africa	Children's Ministry	20,522	Wire			
(13)		South Asia	Children's Ministry	20,000	Wire			
(14)		Sub-Saharan Africa	Children's Ministry	20,000	Wire			
(15)		Sub-Saharan Africa	Children's Ministry	20,000	Check			
(16)		Europe	Misc. Projects	20,000	Wire			

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(1)		East Asia/Pacific	Misc. Projects	20,000	Check			
(2)		Russia	Community Develop.	20,000	EFT			
(3)		North America	Emergency Relief	20,000	Wire			
(4)		Central America/Caribbean	Misc. Projects	20,000	Check			
(5)		Sub-Saharan Africa	Emergency Relief	20,000	Wire			
(6)		East Asia/Pacific	Emergency Relief	19,800	Wire			
(7)		East Asia/Pacific	Emergency Relief	19,500	EFT			
(8)		East Asia/Pacific	Emergency Relief	19,500	EFT			
(9)		Sub-Saharan Africa	Children's Ministry	19,500	Wire			
(10)		Central America/Caribbean	Community Develop.	19,449	Wire			
(11)		Central America/Caribbean	Children's Ministry	19,290	Wire			
(12)		East Asia/Pacific	Medical Assistance	18,919	Wire			
(13)		East Asia/Pacific	Children's Ministry	18,828	Wire			
(14)		Central America/Caribbean	Medical Assistance	18,690	Wire			
(15)		Central America/Caribbean	Children's Ministry	18,544	Wire			
(16)		East Asia/Pacific	Community Develop.	18,470	Check			

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(1)		Sub-Saharan Africa	Children's Ministry	18,113	Wire			
(2)		Sub-Saharan Africa	Community Develop.	18,000	Wire			
(3)		South Asia	Children's Ministry	18,000	Wire			
(4)		South Asia	Emergency Relief	18,000	Wire			
(5)		Sub-Saharan Africa	Emergency Relief	18,000	Cash			
(6)		South Asia	Medical Assistance	17,875	Wire			
(7)		Sub-Saharan Africa	Community Develop.	16,800	EFT			
(8)		East Asia/Pacific	Children's Ministry	16,385	Wire			
(9)		Sub-Saharan Africa	Medical Assistance	16,356	EFT			
(10)		Central America/Caribbean	Community Develop.	16,081	Wire			
(11)		Sub-Saharan Africa	Community Develop.	16,040	Wire			
(12)		Sub-Saharan Africa	Children's Ministry	16,000	EFT			
(13)		East Asia/Pacific	Christian Education	15,586	Wire			
(14)		Russia	Children's Ministry	15,510	EFT			
(15)		Sub-Saharan Africa	Children's Ministry	15,195	Wire			
(16)		Sub-Saharan Africa	Children's Ministry	15,060	Wire			

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(1)		South Asia	Emergency Relief	15,000	EFT			
(2)		South America	Children's Ministry	15,000	Wire			
(3)		Sub-Saharan Africa	Christian Education	15,000	EFT			
(4)		South America	Children's Ministry	15,000	Wire			
(5)		Sub-Saharan Africa	Children's Ministry	15,000	EFT			
(6)		Sub-Saharan Africa	Medical Assistance	15,000	Wire			
(7)		Sub-Saharan Africa	Christian Education	15,000	Cash			
(8)		East Asia/Pacific	Emergency Relief	14,976	Wire			
(9)		South America	Community Develop.	14,965	EFT			
(10)		East Asia/Pacific	Emergency Relief	14,886	Check			
(11)		Sub-Saharan Africa	Medical Assistance	14,554	Wire			
(12)		South America	Children's Ministry	14,471	Wire			
(13)		Sub-Saharan Africa	Medical Assistance	14,300	Wire			
(14)		Central America/Caribbean	Community Develop.	14,109	Wire			
(15)		East Asia/Pacific	Christian Education	13,741	Wire			
(16)		South America	Children's Ministry	13,615	Wire			

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(1)		Sub-Saharan Africa	Medical Assistance	13,400	EFT			
(2)		South Asia	Community Develop.	13,342	Wire			
(3)		East Asia/Pacific	Emergency Relief	13,155	Check			
(4)		Central America/Caribbean	Community Develop.	13,137	Wire			
(5)		Sub-Saharan Africa	Community Develop.	13,000	Wire			
(6)		South Asia	Medical Assistance	12,920	Wire			
(7)		Sub-Saharan Africa	Children's Ministry	12,558	Wire			
(8)		Sub-Saharan Africa	Children's Ministry	12,502	Wire			
(9)		East Asia/Pacific	Emergency Relief	12,264	Check			
(10)		Central America/Caribbean	Community Develop.	12,262	Wire			
(11)		Sub-Saharan Africa	Children's Ministry	12,250	Wire			
(12)		South America	Christian Education	12,150	Wire			
(13)		East Asia/Pacific	Emergency Relief	12,086	Check			
(14)		East Asia/Pacific	Christian Education	12,031	Wire			
(15)		East Asia/Pacific	Christian Education	12,023	Wire			
(16)		Middle East & North Africa	Medical Assistance	12,000	Wire			

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(1)			South Asia	Children's Ministry	11,850	Wire			
(2)			Central America/Caribbean	Community Develop.	11,760	Wire			
(3)			East Asia/Pacific	Misc. Projects	11,650	Wire			
(4)			Sub-Saharan Africa	Medical Assistance	11,500	Wire			
(5)			Central America/Caribbean	Children's Ministry	11,358	Wire			
(6)			East Asia/Pacific	Children's Ministry	11,224	Wire			
(7)			Sub-Saharan Africa	Christian Education	11,000	EFT			
(8)			Sub-Saharan Africa	Children's Ministry	11,000	Wire			
(9)			Sub-Saharan Africa	Medical Assistance	10,900	Wire			
(10)			East Asia/Pacific	Medical Assistance	10,883	Wire			
(11)			Sub-Saharan Africa	Children's Ministry	10,619	Wire			
(12)			Sub-Saharan Africa	Emergency Relief	10,600	Wire			
(13)			Sub-Saharan Africa	Christian Education	10,500	Wire			
(14)			Central America/Caribbean	Community Develop.	10,453	Wire			
(15)			South Asia	Emergency Relief	10,406	EFT			
(16)			Central America/Caribbean	Community Develop.	10,121	Wire			

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(1)			South America	Misc. Projects	10,000	EFT			
(2)			Central America/Caribbean	Children's Ministry	10,000	Wire			
(3)			Central America/Caribbean	Children's Ministry	10,000	Wire			
(4)			Europe	Community Develop.	10,000	Wire			
(5)			Sub-Saharan Africa	Children's Ministry	10,000	Wire			
(6)			Europe	Children's Ministry	10,000	Wire			
(7)			East Asia/Pacific	Emergency Relief	10,000	Check			
(8)			South America	Emergency Relief	10,000	Wire			
(9)			South America	Medical Assistance	10,000	Wire			
(10)			Central America/Caribbean	Community Develop.	10,000	EFT			
(11)			Russia	Christian Education	10,000	Check			
(12)			Central America/Caribbean	Emergency Relief	10,000	EFT			
(13)			Central America/Caribbean	Medical Assistance	10,000	EFT			
(14)			Sub-Saharan Africa	Christian Education	10,000	Cash			
(15)			South America	Children's Ministry	9,920	Wire			
(16)			North America	Medical Assistance	9,818	Wire			

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(1)			Central America/Caribbean	Children's Ministry	9,700	Wire			
(2)			Sub-Saharan Africa	Children's Ministry	9,357	Wire			
(3)			Russia	Children's Ministry	9,038	Wire			
(4)			South Asia	Emergency Relief	9,000	EFT			
(5)			Sub-Saharan Africa	Community Develop.	9,000	Wire			
(6)			Sub-Saharan Africa	Community Develop.	8,955	Wire			
(7)			Europe	Children's Ministry	8,734	Wire			
(8)			South America	Children's Ministry	8,710	Wire			
(9)			Sub-Saharan Africa	Medical Assistance	8,600	Wire			
(10)			Russia	Children's Ministry	8,500	EFT			
(11)			Russia	Children's Ministry	8,500	Check			
(12)			Middle East & North Africa	Emergency Relief	8,500	Cash			
(13)			East Asia/Pacific	Children's Ministry	8,460	Wire			
(14)			East Asia/Pacific	Misc. Projects	8,400	Wire			
(15)			Sub-Saharan Africa	Children's Ministry	8,180	Wire			
(16)			East Asia/Pacific	Community Develop.	8,002	Wire			

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(1)			Sub-Saharan Africa	Children's Ministry	7,695	Wire			
(2)			Europe	Children's Ministry	7,600	Wire			
(3)			Sub-Saharan Africa	Children's Ministry	7,500	Wire			
(4)			South America	Medical Assistance	7,438	Wire			
(5)			South Asia	Children's Ministry	7,009	Wire			
(6)			South America	Children's Ministry	6,924	Wire			
(7)			Russia	Children's Ministry	6,923	Wire			
(8)			South Asia	Children's Ministry	6,491	Wire			
(9)			South Asia	Medical Assistance	6,460	Check			
(10)			Sub-Saharan Africa	Children's Ministry	6,360	Wire			
(11)			East Asia/Pacific	Children's Ministry	6,280	Wire			
(12)			Europe	Children's Ministry	6,160	Wire			
(13)			Sub-Saharan Africa	Children's Ministry	6,031	Wire			
(14)			Central America/Caribbean	Emergency Relief	6,000	Wire			
(15)			Sub-Saharan Africa	Medical Assistance	6,000	EFT			
(16)			Sub-Saharan Africa	Medical Assistance	5,800	Wire			

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

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia/Pacific	Christian Education	5,797	Wire			
(2)		Central America/Caribbean	Community Develop.	5,528	Wire			
(3)		South Asia	Medical Assistance	5,500	Wire			
(4)		Sub-Saharan Africa	Children's Ministry	5,500	Check			
(5)		Sub-Saharan Africa	Children's Ministry	5,452	Wire			
(6)		Middle East & North Africa	Children's Ministry	5,430	Wire			
(7)		Sub-Saharan Africa	Children's Ministry	5,416	Wire			
(8)		East Asia/Pacific	Community Develop.	5,410	Check			
(9)		Central America/Caribbean	Community Develop.	5,331	Wire			
(10)		Central America/Caribbean	Children's Ministry	5,260	Wire			
(11)		Russia	Children's Ministry	5,080	Wire			
(12)		East Asia/Pacific	Emergency Relief	5,063	Check			
(13)		East Asia/Pacific	Emergency Relief	5,004	Check			
(14)		Sub-Saharan Africa	Medical Assistance			220,061	Med/Relief	FMV Mtls
(15)		Sub-Saharan Africa	Medical Assistance			216,861	Med/Relief	FMV Mtls
(16)		East Asia/Pacific	Medical Assistance			288,651	Med/Relief	FMV Mtls

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Medical Assistance			170,892	Med/Relief	FMV Mtls
(2)			Sub-Saharan Africa	Medical Assistance			111,500	Med/Relief	FMV Mtls
(3)			Sub-Saharan Africa	Medical Assistance			68,351	Med/Relief	FMV Mtls
(4)			East Asia/Pacific	Medical Assistance			68,072	Med/Relief	FMV Mtls
(5)			Middle East & North Africa	Medical Assistance			50,907	Med/Relief	FMV Mtls
(6)			Sub-Saharan Africa	Medical Assistance			50,013	Med/Relief	FMV Mtls
(7)			Sub-Saharan Africa	Medical Assistance			43,555	Med/Relief	FMV Mtls
(8)			Middle East & North Africa	Medical Assistance			25,395	Med/Relief	FMV Mtls
(9)			Central America/Caribbean	Medical Assistance			19,073	Med/Relief	FMV Mtls
(10)			Sub-Saharan Africa	Medical Assistance			18,358	Med/Relief	FMV Mtls
(11)			Sub-Saharan Africa	Medical Assistance			17,946	Med/Relief	FMV Mtls
(12)			Sub-Saharan Africa	Medical Assistance			14,326	Med/Relief	FMV Mtls
(13)			Sub-Saharan Africa	Medical Assistance			10,970	Med/Relief	FMV Mtls
(14)			Sub-Saharan Africa	Medical Assistance			9,026	Med/Relief	FMV Mtls
(15)			Russia	Medical Assistance			8,570	Med/Relief	FMV Mtls
(16)			Central America/Caribbean	Medical Assistance			8,199	Med/Relief	FMV Mtls

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Medical Assistance			8,003	Med/Relief	FMV Mtls
(2)			South Asia	Medical Assistance			7,563	Med/Relief	FMV Mtls
(3)			Central America/Caribbean	Medical Assistance			7,360	Med/Relief	FMV Mtls
(4)			East Asia/Pacific	Medical Assistance			6,702	Med/Relief	FMV Mtls
(5)			Central America/Caribbean	Medical Assistance			5,966	Med/Relief	FMV Mtls
(6)			Sub-Saharan Africa	Medical Assistance			5,938	Med/Relief	FMV Mtls
(7)			Central America/Caribbean	Medical Assistance			5,728	Med/Relief	FMV Mtls
(8)			Russia	Medical Assistance			5,607	Med/Relief	FMV Mtls
(9)			Sub-Saharan Africa	Medical Assistance			5,577	Med/Relief	FMV Mtls
(10)			North America-Mexico	OCC			22,137,986	Shoebox Gifts	FMV
(11)			Russia	OCC			11,533,202	Shoebox Gifts	FMV
(12)			Central America/Caribbean	OCC			8,494,008	Shoebox Gifts	FMV
(13)			Sub-Saharan Africa	OCC			6,335,355	Shoebox Gifts	FMV
(14)			Sub-Saharan Africa	OCC			6,238,259	Shoebox Gifts	FMV
(15)			South Asia	OCC			6,143,516	Shoebox Gifts	FMV
(16)			Sub-Saharan Africa	OCC			6,115,711	Shoebox Gifts	FMV

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	OCC			5,930,390	Shoebox Gifts	FMV
(2)		South America	OCC			5,528,632	Shoebox Gifts	FMV
(3)		South Asia	OCC			5,271,561	Shoebox Gifts	FMV
(4)		Central America/Caribbean	OCC			5,219,650	Shoebox Gifts	FMV
(5)		Sub-Saharan Africa	OCC			5,094,672	Shoebox Gifts	FMV
(6)		Sub-Saharan Africa	OCC			4,910,126	Shoebox Gifts	FMV
(7)		Central America/Caribbean	OCC			4,341,385	Shoebox Gifts	FMV
(8)		East Asia/Pacific	OCC			4,223,363	Shoebox Gifts	FMV
(9)		East Asia/Pacific	OCC			4,162,297	Shoebox Gifts	FMV
(10)		South America	OCC			4,150,373	Shoebox Gifts	FMV
(11)		Sub-Saharan Africa	OCC			3,779,756	Shoebox Gifts	FMV
(12)		Sub-Saharan Africa	OCC			3,775,126	Shoebox Gifts	FMV
(13)		Sub-Saharan Africa	OCC			3,775,126	Shoebox Gifts	FMV
(14)		Sub-Saharan Africa	OCC			3,771,686	Shoebox Gifts	FMV
(15)		Central America/Caribbean	OCC			3,769,875	Shoebox Gifts	FMV
(16)		Sub-Saharan Africa	OCC			3,706,533	Shoebox Gifts	FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	OCC			3,706,481	Shoebox Gifts	FMV
(2)			Sub-Saharan Africa	OCC			3,521,185	Shoebox Gifts	FMV
(3)			Sub-Saharan Africa	OCC			3,335,838	Shoebox Gifts	FMV
(4)			Sub-Saharan Africa	OCC			3,150,542	Shoebox Gifts	FMV
(5)			Sub-Saharan Africa	OCC			2,855,683	Shoebox Gifts	FMV
(6)			Sub-Saharan Africa	OCC			2,802,247	Shoebox Gifts	FMV
(7)			Sub-Saharan Africa	OCC			2,665,318	Shoebox Gifts	FMV
(8)			Sub-Saharan Africa	OCC			2,634,410	Shoebox Gifts	FMV
(9)			Sub-Saharan Africa	OCC			2,634,384	Shoebox Gifts	FMV
(10)			Central America/Caribbean	OCC			2,311,125	Shoebox Gifts	FMV
(11)			Sub-Saharan Africa	OCC			2,221,452	Shoebox Gifts	FMV
(12)			Sub-Saharan Africa	OCC			2,094,171	Shoebox Gifts	FMV
(13)			Russia	OCC			2,081,265	Shoebox Gifts	FMV
(14)			Central America/Caribbean	OCC			1,887,563	Shoebox Gifts	FMV
(15)			South America	OCC			1,887,563	Shoebox Gifts	FMV
(16)			South America	OCC			1,886,425	Shoebox Gifts	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	OCC			1,853,240	Shoebox Gifts	FMV
(2)		Sub-Saharan Africa	OCC			1,698,802	Shoebox Gifts	FMV
(3)		Sub-Saharan Africa	OCC			1,505,384	Shoebox Gifts	FMV
(4)		Russia	OCC			1,480,968	Shoebox Gifts	FMV
(5)		East Asia/Pacific	OCC			1,320,503	Shoebox Gifts	FMV
(6)		Sub-Saharan Africa	OCC			1,142,268	Shoebox Gifts	FMV
(7)		Sub-Saharan Africa	OCC			1,129,025	Shoebox Gifts	FMV
(8)		East Asia/Pacific	OCC			960,025	Shoebox Gifts	FMV
(9)		Sub-Saharan Africa	OCC			948,670	Shoebox Gifts	FMV
(10)		South America	OCC			945,075	Shoebox Gifts	FMV
(11)		Sub-Saharan Africa	OCC			926,633	Shoebox Gifts	FMV
(12)		East Asia/Pacific	OCC			767,771	Shoebox Gifts	FMV
(13)		Middle East & North Africa	OCC			756,831	Shoebox Gifts	FMV
(14)		Russia	OCC			756,831	Shoebox Gifts	FMV
(15)		Sub-Saharan Africa	OCC			756,055	Shoebox Gifts	FMV
(16)		East Asia/Pacific	OCC			663,795	Shoebox Gifts	FMV

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia/Pacific	OCC			566,259	Shoebox Gifts	FMV
(2)		Sub-Saharan Africa	OCC			555,369	Shoebox Gifts	FMV
(3)		East Asia/Pacific	OCC			479,844	Shoebox Gifts	FMV
(4)		Russia	OCC			386,808	Shoebox Gifts	FMV
(5)		East Asia/Pacific	OCC			383,886	Shoebox Gifts	FMV
(6)		East Asia/Pacific	OCC			383,886	Shoebox Gifts	FMV
(7)		South America	OCC			377,523	Shoebox Gifts	FMV
(8)		Middle East & North Africa	OCC			372,453	Shoebox Gifts	FMV
(9)		Central America/Caribbean	OCC			257,329	Shoebox Gifts	FMV
(10)		Sub-Saharan Africa	OCC			189,460	Shoebox Gifts	FMV
(11)		Middle East & North Africa	OCC			189,020	Shoebox Gifts	FMV
(12)		South Asia	OCC			186,227	Shoebox Gifts	FMV
(13)		Central America/Caribbean	OCC			179,993	Shoebox Gifts	FMV
(14)		Middle East & North Africa	OCC			85,354	Shoebox Gifts	FMV
(15)		Sub-Saharan Africa	OCC			50,333	Shoebox Gifts	FMV
(16)								

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Children's Ministry	East Asia & Pacific	5	90,249	Wire			
(2) Community Development	Middle East & North Africa	5	32,903	Cash			
(3) Children's Ministry	Sub-Saharan Africa	1	18,750	Wire			
(4) Children's Ministry	South America	1	17,902	Wire			
(5) Community Development	Central America/Caribbean	1	15,076	Wire			
(6) Community Development	Middle East & North Africa	1	13,000	Cash			
(7) Missionary Assistance	Middle East & North Africa	1	10,000	Wire			
(8) Missionary Assistance	Europe	1	10,000	Wire			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't 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; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

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

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

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

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Central America/Caribbean	$ 16,759,167	$ 0
Central America/Caribbean	$ 34,790,562	$ 0
East Asia/Pacific	$ 9,776,631	$ 0
East Asia/Pacific	$ 16,869,248	$ 0
Europe	$ 2,519,957	$ 0
Europe	$ 1,185,316	$ 0
Middle East & North Africa	$ 12,907,482	$ 0
Middle East & North Africa	$ 12,381,164	$ 0
North America	$ 196,447	$ 0
North America	$ 22,548,193	$ 0
Russia	$ 1,013,456	$ 0
Russia	$ 16,860,709	$ 0
South America	$ 9,625,884	$ 0
South America	$ 15,493,597	$ 0
South Asia	$ 84,468	$ 0

Part V **Supplemental Information**

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

South Asia	$ 12,824,181	$ 0
Sub-Saharan Africa	$ 82,953,988	$ 0
Sub-Saharan Africa	$ 106,384,871	$ 0

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

u Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

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

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

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name u

Address u

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 u$ and the amount of gaming revenue retained by the third party u $

c If "Yes," enter name and address of the third party:

Name u

Address u

16 Gaming manager information:

Name u

Gaming manager compensation u$

Description of services provided u

☐ 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u$

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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Golden Crescent Habitat PO Box 1357 Victoria TX 77901	74-2650392	3	1,890,413				Community Develop.
(2) Wharton Recovery Team PO Box 641 Wharton TX 77488	81-3900542	3	800,000				Community Develop.
(3) SETX Civilian Taskforce 223 S. 17th Street Nederland TX 77627	82-2744221	3	450,000				Community Develop.
(4) Cathedral in The Pines Christian 2350 Eastex Freeway Beaumont TX 77703	74-6051487	3	433,065				Community Develop.
(5) North Florida Inland LT Recovery 4428 Lafayette Street Marianna FL 32446	83-3391905	3	316,959				Community Develop.
(6) MX Network, Inc. PO Box 423 Cove City NC 28523	46-0761777	3	270,000				Community Develop.
(7) Evangelical Free Church of America 901 East 78th Street Minneapolis MN 55420-1300	41-0721672	3	205,000				Community Develop.
(8) Victoria County Long Term Recovery 207 N. Glass Street Victoria TX 77901	82-4862966	3	147,043				Community Develop.
(9) United Way Coastal Carolina, Inc. 601 Broad Street New Bern NC 28560	56-6017934	3	130,000				Community Develop.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 51

3 Enter total number of other organizations listed in the line 1 table u

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Frontiers PO Box 60730 Phoenix AZ 85082-0730	95-3731505	3	125,000				Christian Education
(2) Water Missions International Mail Processing, PO Box 63320 Charlotte NC 28263	57-1116978	3	102,586				Medical Assistance
(3) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669	92-0032812	3	100,000				Children's Ministry
(4) Montreat College PO Box 1267, Box 802 Montreat NC 28757	56-0543261	3	100,000				Christian Education
(5) Alliance Defending Freedom 15100 N. 90th Street Scottsdale AZ 85260	54-1660459	3	100,000				Missionary Assist.
(6) Cenikor Foundation 11931 Wickchester Lane, Suite 300 Houston TX 77043	76-0031861	3	75,053				Community Develop.
(7) International Foundation 610 E. Howell Avenue Alexandria VA 22301	53-0204614	3	75,000				Christian Education
(8) Rebuild Bay County, Inc. PO Box 306 Panama City FL 32402	83-3817372	3	60,493				Community Develop.
(9) New Covenant Christian Tabernacle 9049 Brandon Street Houston TX 77051	46-2926518	3	55,000				Community Develop.

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

3 Enter total number of other organizations listed in the line 1 table u

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

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Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Katy Responds 22765 Westheimer Parkway Katy TX 77450	83-1220489	3	50,800				Community Develop.
(2) Christian & Missionary Alliance 6491 Clark Road Paradise CA 95969	94-2350721	3	50,000				Community Develop.
(3) Christian Aid Ministries PO Box 360 Berlin OH 44610	34-1344364	3	50,000				Community Develop.
(4) St. Antioch Missionary Baptist 5770 Adams Creek Road Havelock NC 28532	56-1511755	3	46,000				Community Develop.
(5) Serge Global, Inc. 101 W. Avenue, Suite 305 Jenkintown PA 19046-2039	23-2223692	3	41,370				Medical Assistance
(6) Intl. Christian Response USA PO Box 611 Lynden WA 98264	26-1591373	3	40,975				Medical Assistance
(7) The Christian Health Service Corps PO Box 132 Fruitvale TX 75127	27-1505747	3	40,760				Medical Assistance
(8) West Bladenboro Baptist Church PO Box 278 Bladenboro NC 28320	56-1404415	3	40,096				Community Develop.
(9) The Refuge, Inc. 230 Refuge Way Kannapolis NC 28081	20-1255129	3	40,000				Community Develop.

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

3 Enter total number of other organizations listed in the line 1 table u

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) White Oak Original FWB Church, Inc. PO Box 1328 Bladenboro NC 28320	58-1470222	3	36,110				Community Develop.
(2) Macedonia Missionary Baptist Church PO Box 35125 Panama City FL 32412-5125	59-2664696	3	32,690				Community Develop.
(3) Pilgrims Chapel Missionary Baptist PO Box 682 Oriental NC 28571		3	30,100				Community Develop.
(4) SIM USA, Inc. PO Box 7900 Charlotte NC 28241-7900	22-1936391	3	23,616				Medical Assistance
(5) Hickory Grove Baptist Church 2511 Hickory Grove Road Wallace SC 29596	57-1031354	3	23,231				Community Develop.
(6) Assoc. of Baptists for World Evang. PO Box 8585 Harrisburg PA 17105-8585	23-1445623	3	22,930				Medical Assistance
(7) Family Research Council 801 G. Street NW Washington DC 20001	52-1792772	3	20,000				Missionary Assist.
(8) Vision Nicaragua PO Box 2172 Fairview NC 28730	06-1715893	3	20,000				Medical Assistance
(9) Marion County LT Recovery Group PO Box 1106 Mullins SC 29574	82-0789579	3	17,845				Community Develop.

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

3 Enter total number of other organizations listed in the line 1 table u

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Fresh Start Vision Ministries 16218 SE River Street Blountstown FL 32424	34-4707382	3	16,900				Community Develop.
(2) Brigade Air, Inc. PO Box 97 Clayton NC 27528	20-0896758	3	15,000				Missionary Assist.
(3) Hope Pregnancy Resource Center 208 Howard Street Boone NC 28607	58-1859569	3	12,000				Medical Assistance
(4) Bethel Missionary Baptist Church PO Box 127 Merritt NC 28556		3	11,000				Community Develop.
(5) LeTourneau University PO Box 7001 Longview TX 75607	75-1081109	3	10,000				Medical Assistance
(6) Craig Church Ministries, Inc. PO Box 129 Purlear NC 28665	26-1385977	3	10,000				Emergency Relief
(7) Liberty Preparatory Christian PO Box 4707 Mooresville NC 28117	26-4201622	3	10,000				Missionary Assist.
(8) Nehemiah's Vision, Inc. PO Box 477 Vidor TX 77670	20-3705076	3	9,100				Community Develop.
(9) Trinity Navajo Bible Church PO Box 1078 Thoreau NM 87323	82-4495083	3	7,550				Children's Ministry

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

3 Enter total number of other organizations listed in the line 1 table u

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Pacific Missionary Aviation PO Box 3209 Hagatna GU 96932	98-0034842	3	5,700				Missionary Assist.
(2) First Fruits Farm 421 S. Garnett Street Henderson NC 27536		3	5,062				Missionary Assist.
(3) Rescue America Baptist Mission PO Box 1465 Millers Creek NC 28651	54-2102339	3		98,240	FMV	Medical Mtls.	Medical Assistance
(4) Four Holes Baptist Church 1622 Four Holes Road Orangeburg SC 29115	57-0762333	3		84,323	FMV	Medical Mtls.	Medical Assistance
(5) Billy Graham Evangelistic Assoc. PO Box 668129 Charlotte NC 28209	45-2588350	3		10,366	FMV	Relief Mtls.	Emergency Relief
(6) Embassy of Ukraine 3350 M Street, N.W. Washington DC 20007		GOV		6,785	FMV	Medical Mtls.	Medical Assistance
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table u

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 Personal Assistance	4	101,991			
2 Missionary Assistance	6	39,402			
3 Medical Assistance	1	679			
4 Operation Christmas Child	23407		605,418	FMV	Shoebox Gifts
5 Medical Assistance	10		12,085	FMV	Medical Equip.
6					
7					

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

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: **Samaritan's Purse**

Employer identification number: **58-1437002**

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
[X] First-class or charter travel			
[X] Travel for companions			
[X] Tax indemnification and gross-up payments			
[ ] Discretionary spending account			
[ ] Housing allowance or residence for personal use			
[ ] Payments for business use of personal residence			
[ ] Health or social club dues or initiation fees			
[X] Personal services (such as maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3 Indicate which, if any, of the following the 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.			
[X] Compensation committee			
[X] Independent compensation consultant			
[X] Form 990 of other organizations			
[ ] Written employment contract			
[X] Compensation survey or study			
[X] Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If "Yes" on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If "Yes" on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	William Franklin Graham III	(i)	425,250	0	245,481	40,250	29,723	740,704	0
1	Bd Mem/Chr/Pres/CEO	(ii)	0	0	0	0	0	0	0
	Ronald Wilcox	(i)	297,810	0	4,974	22,800	27,093	352,677	0
2	COO	(ii)	0	0	0	0	0	0	0
	Kenneth Isaacs	(i)	285,882	0	5,622	22,800	33,047	347,351	0
3	VP-Prog/Govt Rel	(ii)	0	0	0	0	0	0	0
	James Harrelson	(i)	285,907	0	5,622	19,926	33,218	344,673	0
4	VP-Op ChristmasChild	(ii)	0	0	0	0	0	0	0
	Christopher Weeks	(i)	260,249	0	33,573	18,603	29,993	342,418	0
5	ChairmanAffiliateOff	(ii)	0	0	0	0	0	0	0
	Paula Woodring	(i)	255,657	0	19,901	20,602	30,510	326,670	0
6	Bd Mem/VP-Qual Assur	(ii)	0	0	0	0	0	0	0
	William Maupin	(i)	264,622	0	5,256	21,497	32,934	324,309	0
7	VP-Info Technology	(ii)	0	0	0	0	0	0	0
	James Dailey	(i)	262,217	0	4,974	20,657	27,134	314,982	0
8	VP-Communications	(ii)	0	0	0	0	0	0	0
	Merrill Littlejohn	(i)	265,305	0	4,608	21,308	23,628	314,849	0
9	VP-Finance/CFO	(ii)	0	0	0	0	0	0	0
	Brian Gresham	(i)	140,457	0	141,414	9,294	19,855	311,020	0
10	DirecOCCAffiliateOff	(ii)	0	0	0	0	0	0	0
	Phyllis Payne	(i)	237,141	0	5,871	19,235	27,126	289,373	0
11	Bd Mem/AstSec/EAPres	(ii)	0	0	0	0	0	0	0
	Luther Harrison	(i)	245,312	0	258	19,723	15,064	280,357	0
12	VP-North Amer Min	(ii)	0	0	0	0	0	0	0
	Donna Pierce	(i)	198,698	0	4,920	16,002	26,095	245,715	0
13	Secretary/VP-Corp Af	(ii)	0	0	0	0	0	0	0
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

Part III - Other Additional Information

Part I, Line 1a - Fringe or Expense Explanation:

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 The Bahamas, Kenya, Liberia and the United States (Alaska and North Carolina), 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:

Five board members, five officers, three key employees, and two higher compensated employees traveled in ministry-owned or chartered aircraft for

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.

ministry purposes. A portion of one officer's and two board members' 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

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.

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 ministry activity, 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. The 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.

Two board members, two officers and 1 higher compensated employee were accompanied by a spouse and/or other family member(s) not on ministry

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.

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:
One board member received a gross-up payment. The payment was related to family member education. The payment was reviewed and approved by both the Compensation Committee and the Board of Directors, and was 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

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.

compensation review by the Compensation Committee.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
u Attach to Form 990 or Form 990-EZ.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open To Public Inspection

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... u $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... u $

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues? Yes	No
(1) Edward Graham	Son Director	191,957	Comp/benefits		X
(2) Marty Cottrell	Son-in-law Dir	86,774	Comp/benefits		X
(3) Jeremy Zerkle	Sn-in-law KyEmp	83,239	Comp/benefits		X
(4) Ann Littlejohn	Daughter Off	59,113	Comp/benefits		X
(5) John Payne	Spouse Dir	51,793	Comp/benefits		X
(6) Corey Lynch	Spouse Dir	49,300	Comp/benefits		X
(7) Jane Graham	Spouse Dir	47,411	Comp/benefits		X
(8) Jessica Zerkle	Daughter KeyEmp	45,510	Comp/benefits		X
(9) Tyler Pauls	Son Director	42,617	Comp/benefits		X
(10) Brittain Prevo	Grandson Dir	42,082	Comp/benefits		X

Part V **Supplemental Information.**

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

Schedule L, Part IV - Business Transactions Involving Interested Persons

Name and Relationship	Amount and Description	Share Revenue
Andrew Harrelson	$ 35,585	
Son KeyEmp	Comp/benefits	
Kristen Graham	$ 14,283	
Daug-in-law Dir	Comp/benefits	

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

u **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
u **Attach to Form 990.**
u **Go to** *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization: **Samaritan's Purse**

Employer identification number: **58-1437002**

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications	X		29,027	Cost
5	Clothing and household goods	X		1,299,566	Cost/Selling Price
6	Cars and other vehicles	X	2	31,000	Mkt. Value/Selling Price
7	Boats and planes	X	2	1,910,000	Market Value
8	Intellectual property				
9	Securities — Publicly traded	X	780	11,890,040	Selling Price
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential	X	8	339,458	Mkt. Value/Selling Price
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles	X	15	119,993	Selling Price
19	Food inventory	X	53	2,358,256	Cost
20	Drugs and medical supplies	X	769	3,050,473	Cost
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other u(Shoebox Gifts)	X	7394007	193,534,907	Cost
26	Other u(Agri./Livestock)	X	48	215,891	Cost/Selling Price
27	Other u(Asset Improv.)	X	30	47,761	Cost
28	Other u(Software Lic.)	X	1	33,541	Cost

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

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

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

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

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

Schedule M - Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	Employer identification number
Samaritan's Purse	58-1437002

Form 990 - Organization's Mission

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

Form 990, Part I, Line 6

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

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

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

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

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

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

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

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

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

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.

OTHER INTERNATIONAL PROJECTS: Samaritan's Purse has field offices in 22 countries that were active in more than 200 local projects during 2020. The organization specializes in medical care, emergency response, and providing food, water, and other urgent needs. The Samaritan's Purse DC-8 cargo jet made several emergency airlifts in 2020, including flights to deliver emergency field hospitals, help survivors of hurricanes in Honduras, an explosion in Lebanon, and refugees from fighting in Armenia.

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

COVID-19 RESPONSE: As hospitals were overwhelmed by the pandemic, Samaritan's Purse set up emergency field hospitals in New York City (Central Park); Cremona, Italy; Nassau, The Bahamas; Los Angeles County, California; and Lenoir, North Carolina. Teams also deployed to meet special needs in the Navajo Nation, Arizona, and King Salmon, Alaska. Our international field offices worked to educate over 878,200 people in ways to prevent the spread of the virus and provided more than 489,500 health workers with personal protective equipment.

DEMOCRATIC REPUBLIC OF THE CONGO: Samaritan's Purse distributed 994 metric tons of food to over 24,600 people. We also trained more than 41,300 people on improved agriculture technologies/practices, and over 334,200 people were trained by SP-educated promoters/staff on COVID-19 infection prevention and control. 36 health centers were renovated/rehabilitated. More than 34,800 people heard the Gospel through projects training and visits.

IRAQ: Samaritan's Purse assisted in rebuilding or repairing 818 homes damaged by ISIS terrorists providing a safe home for more than 12,600 returnees. In addition, we conducted agricultural and nutrition training with over 16,000 farmers and mothers, provided medical services to 1,991 individuals, distributed over 12,800 COVID-19 mass-messaging materials along with more than 1,700 food baskets, shared the Gospel with over 200 people, and incorporated Biblical principles into training, trauma counselling, and recreational activities with over 3,200 beneficiaries.

THE BAHAMAS: Samaritan's Purse continued to work with communities and families recovering from the 2019 Hurricane Dorian. In 2020, Samaritan's Purse removed 18,520 tons of hurricane debris, cared for 6,500 patients (including 80 surgeries) at the emergency field hospital in Freeport,

assisted over 1,400 households with shelter needs, and gave material support to 26 churches. In response to the COVID-19 outbreak, Samaritan's Purse supported the Princess Margret Hospital in Nassau by deploying another emergency field hospital to take in the COVID patient overflow, and also implemented an aggressive Infection Protection Control training with several hospitals in and around Nassau.

WORLD MEDICAL MISSION: Despite international travel restrictions due to COVID-19, World Medical Mission was still able to send 230 medical volunteers on short-term assignments to mission hospitals around the world. Another 26 doctors continued to serve two-year overseas assignments through our Post-Residency Program as they follow God's calling to become career medical missionaries. The World Medical Mission warehouse shipped 35 containers filled with urgently needed medical equipment and supplies to 16 Christian hospitals in 12 countries.

COLOMBIA: Samaritan's Purse worked along the Venezuela-Colombia border to minister to migrants and refugees. Our teams and partners served more than 440,300 hot meals, distributed food baskets, and cared for 7,336 medical patients. We distributed over 4,100 backpacks, over 1,300 pairs of shoes, more than 1,600 cold weather kits, and over 47,600 hygiene kits. In the course of this work, more than 83,500 people were presented with the Gospel.

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 dozens of languages as well as New Testaments for children who graduate from the 12-lesson series. In 2020, over 3 million boys and girls took part

in the 12-lesson series, and more than 1 million of them made life-changing decisions to accept Jesus Christ as their Lord and Savior. Over 11 years, more than 18.7 million have graduated and more than 12.6 million have made decisions for 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 to help strengthen the marriages of wounded military veterans. The 2020 season was shorted by the COVID-19 pandemic, but we were still able to have 76 military couples spend 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 nine years, 1,232 couples have participated, and almost half of them have rededicated their marriages. Samaritan's Purse has also made a commitment to provide aftercare for each couple as long as they need it. We also established Team Patriot to give wounded veterans a special opportunity to serve on our Disaster Relief teams. "Yet in all these things we are more than conquerors through Him who loved us" (Romans 8:37).

CHILDREN'S HEART PROJECT: This project of Samaritan's Purse brings children to North America and the Cayman Islands for cardiac surgery that is not available where they live. Despite international travel restrictions due to COVID-19, we were able to provide life-saving cardiac surgery for 19 children in 2020. Since 1997, we have provided surgery for more than 1,400 children from 15 countries. While surgeons correct life-threatening heart defects, patients and their parents experience the love of Christ through their host families and churches, and many respond to the Gospel. "But I

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

Bahamas, The, Bolivia, Burma, Cambodia, Colombia, Congo (Kinshasa), Dominica, Ethiopia, Haiti, Iraq, Italy, Japan, Kenya, Korea (South), Liberia, Mongolia, Nepal, Niger, Philippines, South Sudan, Sri Lanka, Sudan, Uganda, Vietnam, Yemen (Aden)

Form 990, Part VI - Additional Information

Part VI-A, Line 1a Executive Committee

Composition of Committee - The Ministry's Bylaws provide for the establishment of an Executive Committee. The Executive Committee is composed of at least three (3) and up to nine (9) 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 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

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

Committee are ratified by the Board of Directors.

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

Franklin Graham	Roy Graham
Bd/Chair/CEO	Board Member
Family/Business	
Franklin Graham	Jane Austin Lynch
Bd/Chair/CEO	Board Member
Family	

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

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

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

The Ministry's Conflict of Interest policy covers all "Responsible Persons," which includes Board Members, Officers, Vice Presidents, members of Executive Management, members of the Travel Department and employees

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

throughout the Ministry who have purchasing authority. Annually, the Conflict of Interest policy is provided to each Responsible Person, and the Responsible Person must complete a Conflict of Interest Disclosure Statement whether or not involved in a potential transaction with the Ministry. The Disclosure Statements are submitted by these individuals on an annual basis, as well as throughout the year as a transaction may arise. Throughout the year, the Corporate Affairs and Finance departments monitor the addition of new Responsible Persons whose positions may allow them to have material financial interest in a transaction.

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

The process for review of transactions with potential conflicts of interest varies based on the individual with the conflict. If a person is a staff member and is not a Disqualified Person, any proposed transaction that may be a conflict of interest must be reviewed and approved by the CEO or his designee. All material terms and conditions of the transaction shall be described in writing and provided to the CEO prior to entering into the transaction. The CEO will review the transaction to determine if it is fair and in the best interest of the Ministry.

If the person with the potential conflict of interest is a Disqualified

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

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

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

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

The compensation for all Disqualified Persons, as defined in IRC Section 4958, 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 2020 compensation arrangement for the CEO and reported to the Board of Directors. For calendar year 2020, the Compensation Committee relied on and reviewed appropriate comparative data compiled by an independent compensation consultant in making a determination. Contemporaneous substantiation of the deliberations and decisions are contained in the minutes of the Compensation Committee meeting. Compensation decisions are reviewed and approved in advance of the payment of such compensation.

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

The compensation for all Disqualified Persons, as defined in IRC Section 4958, 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. The Compensation Committee reviewed and approved the 2020 compensation arrangements for the Chief Operating Officer, VP of Corporate Affairs/Secretary, VP of Operation Christmas Child, VP of Programs and Government Relations, VP of Finance/CFO, VP of Quality Assurance and Social Media, the Executive Advisor to the President/Assistant Secretary and reported to the Board of Directors. For

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

calendar year 2020, the Compensation Committee relied on and reviewed comparative data compiled by an independent compensation consultant in making a determination. Contemporaneous substantiation of the deliberations and decisions are contained in the minutes of the Compensation Committee meeting. Compensation decisions are reviewed and approved in advance of the payment of such compensation.

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

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

Form 990, Part VIII - Additional Information
Part VIII, Line 1e Government Grants
Government grants are used only for the charitable and humanitarian purposes permitted by government agencies and regulations. Funds from government grants are not expended for Christian evangelism or religious programs.

Form 990, Part X - Additional Information

Name of the organization: Samaritan's Purse

Employer identification number: 58-1437002

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

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Planned Giving Beneficiary Payments	$ -2,648,939
Planned Giving Admin. Fees	$ -248,530
Planned Giving Admin. Fees	$ 248,530
Total	$ -2,648,939

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

u **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
u **Attach to Form 990.**
u **Go to** *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Emmanuel Group 300 Corporate Aviation Dr. 76-0748803 North Wilkesboro NC 28659	Title Hldg	NC	501c2		Sam. Purse	X	
(2)							
(3)							
(4)							
(5)							

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

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

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

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

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

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

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.