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.

2023
Open to Public Inspection

For the 2023 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Check if applicable: Samaritan's Purse Address change Doing business as 58-1437002 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 828-262-1980 PO Box 3000 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Boone NC 28607 G Gross receipts\$ 1561082462 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending William Franklin Graham III PO Box 3000 H(b) Are all subordinates included? If "No." attach a list. See instructions NC 28607 Boone **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: www.samaritanspurse.org Website: H(c) Group exemption number X Corporation Year of formation: 1980 NC Trust M State of legal domicile: Form of organization: Summary 1 Briefly describe the organization's mission or most significant activities: Samaritan's Purse is a nondenominational evangelical Christian organization Governance 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 19 ంర 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5144 5 6 Total number of volunteers (estimate if necessary) 207000 6 0 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 Prior Year Current Year 1292757468 1149814059 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 3,348,976 4,168,979 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,932,264 41,950,919 5,976,299 3,407,093 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1312445801 1201910256 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 375,101,508 381,902,222 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 207,821,099 232,279,170 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 84,750,041398,562,774 423,332,429 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 981,485,381 1037513821 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 330,960,420 164,396,435 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58 1635199455 1826473329 20 Total assets (Part X, line 16) 105,788,836 112,170,358 21 Total liabilities (Part X, line 26) 1529410619 1714302971 22 Net assets or fund balances. Subtract line 21 from line 20 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. Brandon Dutherland 08.30.2024 Signature of officer Date Sign Brandon Sutherland CFO Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer This tax return Firm's EIN Firm's name Use Only prepared by a non-paid preparer. May the IRS discuss this return with the preparer shown above? See instructions Yes X No

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
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? If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Progribe the organization program continue accomplishments for each of its three largest program continue accomplishments for each of its three largest program continue accomplishments for each of its three largest program continue accomplishments for each of its three largest program continues.	Yes X No
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 \$ 417,790,077 including grants of \$ 285,367,933) (Revenue \$ OPERATION CHRISTMAS CHILD (OCC): Through this 30-year-old project Samaritan's Purse collects and delivers gift-filled shoeboxes to children around the world. We do this to demonstrate God's love, hearing for the Gospel, and share the true meaning of Christmas of Jesus Christ, our Lord and Savior. Jesus told us, "Go therefore disciples of all the nations" (Matthew 28:19). In 2023, a total million shoebox gifts were prayerfully packed for boys and girls the world by people from 11 countries. Since 1993, more than 220 shoebox gifts have been distributed in more than 170 countries a territories. National Collection Week in 2024 will be November thousands of locations across the United States.	o hurting, gain a the birth ore and make of 11.3 all over million and
4b (Code:) (Expenses \$ 96,204,458 including grants of \$ 39,964,777) (Revenue \$ UKRAINE RESPONSE: Samaritan's Purse has been working in Ukraine Russian invasion in February 2022. In 2023, our teams distribute 238 million pounds of food, provided over 53 million liters of vout more than 473,000 Bibles, and provided 4,600 wood stoves to families. Since the start of the conflict, Samaritan's Purse has more than 1 million pounds of relief supplies and helped nearly million people, including more than 21,800 medical patients. NOT geographic regions of the IRS classifies Ukraine as part of "Rus Neighboring States". This reference occurs many times throughout	ed more than water, gave hurting s delivered 14.5 TE: The
4c (Code:) (Expenses \$ 40,848,280 including grants of \$ 469,522) (Revenue \$ SOUTH SUDAN RELIEF: Samaritan's Purse continued to support refuginternally displaced persons and vulnerable members of the host in South Sudan throughout 2023. Teams distributed food and nutrisupplements to over 396,000 people in Unity and Upper Nile state provided outpatient services and treatment to 61,856 individuals Mayendit, Mayom and Maiwut counties via mobile medical units. Ou sanitation, and hygiene projects drilled or rehabilitated 120 be provide clean water to more than 57,700 people. Livelihood projes supported more than 49,600 people. We also worked with the local government officials to encourage, train, and disciple more than people through ministry and biblical leadership training program	community itional es; and s in ur water, oreholes to ects l Church and n 218,700
4d Other program services (Describe on Schedule O.) (Expenses \$ 327,838,941 including grants of \$ 56,099,990) (Revenue \$ 10,129,030) 4e Total program service expenses 882,681,756	36)

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			v
	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)	1		х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u> </u>
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vas " complete Schedule D. Part I.	6		х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.	
h	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		х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·	of the total accords reproduced in Dort V. line ACO If IIVan II accorded Calcard In D. Bort VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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	Х	
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		Х
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	14b	x	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign expeniation? If "Vec." complete School II a Porte 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	L	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		Х
20 a	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	<u> </u>

•	are it and are deficiency		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	240		х
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization minest any proceeds or tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year	. 240		
Ŭ	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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		Х
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	27		х
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule	. 27		
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes." complete Schedule I. Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,5
24	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,	24	x	
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	. 33a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	. 332		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	. 38	X	
Pa	art 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		 T 5.	X
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2232		Yes	No
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 2232 1b 0			
b b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	x	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	5144						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-						
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	X				
b	If "Yes," enter the name of the foreign country See Schedule O								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (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 transact	tion?		5b		X			
C				5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	9				х			
L	organization solicit any contributions that were not tax deductible as charitable contributions?			6a					
b	If "Yes," did the organization include with every solicitation an express statement that such contributior gifts were not tax deductible?	is oi		e h					
7	Organizations that may receive deductible contributions under section 170(c).			6b					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods							
а	and conjugat provided to the payor?			7a	х				
b	If Was 2 did the consciention patify the depart of the value of the grade or against an analysis of the second of the conscient of the second or against a second of the second of the second or against a second of the second of			7b	X				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			"					
Ŭ	required to file Form 8282?	,		7c	x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	8						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		9 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			7h	Х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	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?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4					
11	Section 501(c)(12) organizations. Enter:								
а	······································	11a		-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441							
40-	against amounts due or received from them.)	11b	<u> </u>	40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		·	12a					
ъ 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	le the exemplification licensed to issue qualified health plane in more than one state?			13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.			154					
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							
С	Enter the amount of reserves on hand	13c		1					
14a	Did the examination read to any neumants for indeer tenning continue during the tay year?			14a		х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuners								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ties							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

1 08/30/2024 1:45 PM Form 990 (2023) Samaritan's Purse 58-1437002 Page 6 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 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 19 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. Enter the number of voting members included on line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 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 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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?

Section	C.	Disc	osur	е

- 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)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

Brandon Sutherland

801 Bamboo Road

828-262-1980 NC 28607

Boone

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

		-						<u> </u>		
(A) Name and title	(B) Average		(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated amount
	hours		box, unless person is both an officer and a director/trustee)		compensation	compensation	of other			
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional	Officer	Key employee	nplo)	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ual ector	iona	,	mplo	t co	~	1099-NEC)	1099-NEC)	related organizations
	below	trust	= =		yee	mpe				
	dotted line)	ее	trustee			Highest compensated employee				
(1) William Franklir	Graham	IJ	I							
· /	40.00									
Bd Mem/Chr/Pres/CEO	0.00	х		x				812,909	0	69,247
(2) Christopher Weel								•		<u>, </u>
•	40.00									
ChairmanAffiliateOff	0.00					$ \mathbf{x} $		391,092	0	31,042
(3) Meredith Collie								052,052		0_,0
(9)	40.00									
CFO Affiliate Office	0.00					$ \mathbf{x} $		394,107	0	24,685
(4) Kenneth Isaacs	0.00							331/107	•	21,003
(!)!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	40.00									
VP-Prog/Govt Rel	0.00				x			345,103	0	61,918
(5) James Harrelson	0000							313,203		02,723
(0) 5 41165 11411 515511	40.00									
VP-Op ChristmasChild	0.00				х			345,868	0	57,989
(6) William Maupin	0.00							313,000	•	37,733
(o) WIIIIam Taapin	40.00									
VP-Info Technology	0.00					$ \mathbf{x} $		323,800	0	59,292
(7) Brian Gresham	0.00					122		323,000		331232
(i) Di Tali Gi esilali	40.00									
DirecOCCAffiliateOff	0.00					$ \mathbf{x} $		353,464	0	26,229
(8) Paula Woodring	0.00					1		333,404	<u> </u>	20,225
(6) Fadia Woodiiig	40.00									
Bd Mem/Executive VP	0.00	x						321,576	0	51,255
(9) Merrill Littlejo		^						321,370	0	31,233
(a) Merriri Diccie)	40.00									
VD Finance/CEO	0.00			x				322,359	0	E0 142
VP-Finance/CFO	0.00			Λ				344,339	U	50,142
(10) Ronald Wilcox	40.00									
Exec Advisor CEO/COO	0.00				х			210 040	0	E2 2FF
	0.00				Λ	\vdash		318,848	0	53,355
(11) Luther Harrison	40.00									
77D 37	40.00					,		201 205	^	40 001
VP-NorthAmericanMin	0.00		<u> </u>			X		301,395	0	40,921

Part VII Section A. Officers	, Directors, Tru	stee	5, N	ey E	шрі	oyee	s, a	nd Hignest Compensated	Employees (continuea)				
(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable	Es	(F) Estimated amount		
	hours per week (list any hours for related organizations below dotted line)	or director		ord a Officer	Key employee	Highest compensated employee	ee Former	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	of oth compens from ganizati ted orga	sation the on and	
(12) Edward Grahar	<u></u>					8					—		
(12) Edward Granal	40.00												
Board Member/COO	0.00	x						269,005	0			46,	996
(13) Phyllis Payne													
(13)	30.00												
Bd Mem/AstSec/EAPres	0.00	X		X				262,861	0			48,	975
(14) Donna Pierce (14)	40.00												
Secretary/VP-Corp Af	0.00			x				237,518	0			44,	961
(15) Jane Austin								2377310				<u> </u>	<u> </u>
(15)	40.00												
Bd Mem/SeniorAdvisor	0.00	x						164,001	0			24,	916
(16) Felix Martin	del Cam	рО											
(16)	1.00												
Bd Member/Consultant	0.00	X						25,000	0				(
(17) James Oliver	1 00												
(17) Board Member/Speaker	1.00	х						10,000	o				
(18) Don Campion	0.00	^						10,000	0				
(18) Campion	1.00												
Board Member	0.00	x						0	0				(
(19) Michael Cheat									_				
(19)	1.00												
Board Member	0.00	X						0	0				(
1b Subtotal								5,198,906			6	91,	<u>923</u>
c Total from continuation shee	ets to Part VII, S	Secti	ion A	١				F 100 006				91,	023
d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not I	imita	d to	thos	o lic	tod a	hove	5,198,906	\$100,000 of		0	91,	923
reportable compensation from	Ū		31	0	C 113	ieu a	DUVE	e) who received more than	\$100,000 01				
· · · · · · · · · · · · · · · · · · ·												Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"											3		х
4 For any individual listed on line													
organization and related organ	nizations greater	than	\$15	50,00	00? /	f "Ye	s," c	complete Schedule J for su	ch				
individual5 Did any person listed on line	10 roccivo or co								individual		4	X	
for services rendered to the o											5		Х
Section B. Independent Contracto	J	,						,					
1 Complete this table for your fire													
compensation from the organize		ompe	ensat	ion f	or th	ne ca	<u>lend</u> T			ar.		(C)	
	(A) business address						<u> </u>		(B) ion of services		Co	(C) mpensa	tion
North Carolina Bapti	_				Mec	lıca		Center Blvd.			ı		
Winston-Salem Universal Protection			71		161	TAT-	_	Medical Svcs.				862	2,48
Conshohocken			94		101	. W	1	Security	suice 600		ı	700	n 2E
Wilcox Travel Agency			J 1		37	Max		ell Drive, Suite	2			790	0,35
Hendersonville		: 2	87				I	ravel	_		ı	512	2,56
McGuireWoods, LLP					800	Ea	_	Canal Street					
Richmond								Legal				458	8,44
James R. Vannoy & So					160	8 T	1		th				
Jefferson			86					en. Contracto	r			453	3,39
2 Total number of independent of								se listed above) who	40				
received more than \$100,000	or compensation	11101	11 1/16	, OI	jai 112	.ฉแบก			40				

58-1437002 Form 990 (2023) Samaritan's Purse Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation compensation of other hours officer and a director/trustee) from related per week from the compensation organization (W-2/ organizations (W-2/ from the (list any ndividual or director nstitutional 1099-MISC/ 1099-MISC/ hours for organization and employee related 1099-NEC) related organizations 1099-NEC) compensatec organizations trustee trustee below dotted line) Corey Furman (20)(12)1.00 0.00 X 0 0 Board Member (21)Melvin Graham (13)1.00 Board Member 0.00 X 0 0 (22)Jeff Greene (14)1.00 X 0 0 0.00 Board Member (23) Louis Heitzig (15)1.00 Board Member/Speaker 0.00 X 0 0 0 (24)Thomas Hodges (16)1.00 0.00 X Board Member 0 0 (25)Bobby Idol (17)1.00 X 0 0 0.00 0 Board Member (26)Brian Pauls (18)1.00 X X 0 BdMem/Vice Chairman 0.00 0 Paul Saber (19)1.00 0.00 0 0 Board Member Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 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 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 4 individual 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 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. (B) Description of services (C) Compens

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	loyee	s, a	and Highest Compensated	I Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle ficer a	Pos check ess pe	erson i	than of its both or/trusted Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	OI	(F) stimated of oth compens from t rganizatic ted orga	er ation he on and	3
(28) John Scott (12) Board Member	1.00	x						0	0				0
(29) Robert Shank (13) Board Member	1.00	x						0	0				0
(30) Sterling Carr (14)	roll 1.00	Λ		v									0
Treasurer (31) James Furman (15)	1.00			X				0	0				
Assistant Treasurer (16)	0.00			X				0	0				0
(17)													
(18)													
(19)													
 Subtotal Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line 	cluding but not I the organization ormer officer, dir complete Schee	imite	ion A	thos	e lis	ted a	bove	ee, or highest compensated	d		3	Yes	No
organization and related organization and related organization. 5 Did any person listed on line for services rendered to the o	nizations greater1a receive or acc	thar crue	1 \$15 com	50,00 pens	00? <i>I</i> satio	f "Ye n fror	s," c n ar	complete Schedule J for such such such such such such such such	ch · individual		5		
Section B. Independent Contractor Complete this table for your fire compensation from the organic	ors ve highest comp	ensa	ated	inde	pend	lent d	contr	ractors that received more t	than \$100,000 of				
	(A) business address	лпре	51154	uon i	OI II	ie ca		Descript	(B) ion of services	zai.	Col	(C) mpensatio	on .
2 Total number of independent received more than \$100,000								se listed above) who					

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII X (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 2,153,791 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 53,555,529 **f** All other contributions, gifts, grants, 1094104739 1f and similar amounts not included above g Noncash contributions included in 327,701,219 lines 1a-1f 1149814059 h Total. Add lines 1a-1f. Business Code 900099 4,168,979 4,168,979 BGEA Shared Services Program Service Revenue f All other program service revenue 4,168,979 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 46,352,841 46,352,841 4 Income from investment of tax-exempt bond proceeds 68 68 5 Royalties (ii) Personal 16,174 6a Gross rents 6a **b** Less: rental expenses 6b 16,174 c Rental inc. or (loss) d Net rental income or (loss) 16,174 16,174 7a Gross amount from (i) Securities (ii) Other sales of assets 345,207,678 2,966,984 other than inventory **b** Less: cost or other Other Revenue 349,940,960 basis and sales exps. 2,635,624 -4,733,282 331,360 7c c Gain or (loss) -4,401,922 -4,401,922 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 7,181,533 10a **b** Less: cost of goods sold 6,595,622 10b 585,911 585,911 c Net income or (loss) from sales of inventory Business Code 900099 5,109,440 5,109,440 11a Inherent Contribution 900099 264,706 264,706 Discounts/Other d All other revenue 5,374,146 e Total. Add lines 11a-11d ... 1201910256 10,129,036 41,967,161 Total revenue. See instructions ...

Part IX Statement of Functional Expenses

Secti	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 n	not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)								
8b, 9	b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses								
1	Grants and other assistance to domestic organizations	10 506 643	10 506 643										
	and domestic governments. See Part IV, line 21	10,786,643	10,786,643										
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22	464,693	464,693										
3	Grants and other assistance to foreign												
	organizations, foreign governments, and												
	foreign individuals. See Part IV, lines 15 and 16	370,650,886	370,650,886										
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees	3,944,803	1,828,215	1,314,053	802,535								
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	843,218	614,373	78,209	150,636								
7	Other salaries and wages	168,159,013	111,990,346	28,814,330	27,354,337								
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)	8,007,766	4,373,601	1,865,738	1,768,427								
9	Other employee benefits	41,007,964	28,044,201	6,859,871	6,103,892								
10	Payroll taxes	10,316,406	6,104,936	2,151,417	2,060,053								
11	Fees for services (nonemployees):												
а	Management												
	Legal	865,144	282,595	574,635	7,914								
	Accounting	453,814	289,372	152,470	11,972								
	Lobbying												
е	Professional fundraising services. See Part IV, line 17												
	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25, column												
	(A) amount, list line 11g expenses on Schedule O.)	28,460,684	22,064,194	2,847,168	3,549,322								
12	Advertising and promotion	25,350,931	9,438,993	803,255	15,108,683								
13	Office expenses	30,230,029	14,595,239	3,339,858	12,294,932								
14	Information technology	15,076,338	3,280,189	11,424,033	372,116								
15	Royalties	245,690	245,690										
16	Occupancy	18,944,808	15,255,816	1,993,204	1,695,788								
17	Travel	66,403,505	56,545,065	2,938,650	6,919,790								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials	4 540 500	2 550 000	164 005	004 005								
19	Conferences, conventions, and meetings	4,749,590	3,759,828	164,887	824,875								
20	Interest												
21	Payments to affiliates	20 022 270	10 567 000	E 104 700	E 150 200								
22	Depreciation, depletion, and amortization	28,822,270 478,864	18,567,089 263,375	5,104,789 105,350	5,150,392 110,139								
23	Insurance	4/0,004	203,375	105,330	110,139								
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.)												
а		96,480,439	96,439,187	9,249	32,003								
a b	Construction Program Mtls	38,288,089	38,269,982	4,633	13,474								
C	Transpt-Relief/Othr Mtls	36,967,608	36,885,573	15,464	66,571								
d	Bibles/Evangelistic Mtls	21,851,586	21,609,606	89,187	152,793								
e		9,663,040	10,032,069	-568,426	199,397								
25		1037513821	882,681,756	70,082,024	84,750,041								
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 X if												
	following SOP 98-2 (ASC 958-720)	23,955,885	7,428,250	571 , 465	15,956,170								
DAA					Form 990 (2023)								

Part X Balance Sheet

Р	art)	Check if Schedule O contains a response or note t	o any li	ine in this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			762,116,961	1	727,867,600
	2	Savings and temporary cash investments			206,197	2	1,621,984
	3	Pladaes and grants receivable net		9,167,140	3	10,889,586	
	4	Pledges and grants receivable, net Accounts receivable, net			6,654,370	4	9,000,589
	5	Loans and other receivables from any current or former			0,031,370	_	3,000,003
	້	trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these person		11, 01 3370		5	
	6	Loans and other receivables from other disqualified pers	defined				
"	"	under section 4958(f)(1)), and persons described in section			6		
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use		·····	60,670,769	8	55,841,942
	9	Inventories for sale or use Prepaid expenses and deferred charges		·····	13,425,830	9	14,565,862
	1 -	Land, buildings, and equipment: cost or other	[]	· · · · · · · · · · · · · · · · · · ·			
	'04	basis. Complete Part VI of Schedule D	10a	558.392.551			
	l h	Less: accumulated depreciation	10b	230,452,591	280,875,203	10c	327,939,960
	11	Investments—publicly traded securities	$\overline{}$		495,179,606	11	662,899,652
	12	Investments—other securities. See Part IV, line 11			12	002/000/002	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		6,903,379	15	15,846,154	
	16	Total assets. Add lines 1 through 15 (must equal line 33	 8)	·····	1635199455	16	1826473329
	17	Accounts payable and accrued expenses			67,123,421	17	66,900,768
	18	Grants payable		,===,===	18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	Sched	lule D		21	
"	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
ig		controlled entity or family member of any of these person		,		22	
Ë	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D			38,665,415	25	45,269,590
	26	Total liabilities. Add lines 17 through 25			105,788,836	26	112,170,358
		Organizations that follow FASB ASC 958, check here					
es		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			997,741,402	27	1182792399
Fund Balances	28	Net and to with almost metalities		<u></u>	531,669,217	28	531,510,572
pd		Organizations that do not follow FASB ASC 958, che					
교		and complete lines 29 through 33.					
Assets or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or	other f	funds		31	
Net	32				1529410619	32	1714302971
_	33	Total liabilities and net assets/fund balances			1635199455	33	1826473329

Form **990** (2023)

Pa	art 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	1:	2019	9102	256	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	037	5138	<u> 321</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,39			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	152941			519	
5	Net unrealized gains (losses) on investments	5	5 24,57			78,661	
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	-	4,08	32,7	744	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	1	7143	3029	971	
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					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 on						
	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						
С	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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			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		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Samaritan's Purse

Employer identification number 58-1437002

Pa	rt I	Reaso	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.	
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	\Box	A church, cor	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	П			ce organization described in se		(b)(1)(A)	iii).		
4	Н	•	•	I in conjunction with a hospital of			•	ospital's name.	
-	ш		= :				(2)()()	oophalo Hallo,	
5		An organization	on operated for the benefit o	f a college or university owned	or operate	ed by a c	overnmental unit described in		
	ш	_	(b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	or operati	od by d g	overnmental and accombed in		
6	\Box			overnmental unit described in s	ection 17	70(b)(1)(A	.)(v).		
7	\mathbf{x}			substantial part of its support from				•	
•		_	section 170(b)(1)(A)(vi). (Co		m a gove	orranio raca	unit of from the general public	,	
8				1 70(b)(1)(A)(vi). (Complete Part	II.)				
9	П	-		cribed in section 170(b)(1)(A)(i	•	ed in con	iunction with a land-grant colle	ae	
	ш	-	•	of agriculture (see instructions).					
		university:							
10				more than 33 1/3% of its supp				SS	
				pt functions, subject to certain e	•	. ,			
			_	d unrelated business taxable in	•		•		
11			•	0, 1975. See section 509(a)(2).			•		
11	Н	•	•	exclusively to test for public safe	•			and of	
12	Ш	•	•	exclusively for the benefit of, to post described in section 509(a					
				scribes the type of supporting or				CHOOK	
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	bv its su	pported o	organization(s), typically by givi	na	
				er to regularly appoint or elect	-			3	
		supporting	g organization. You must co	omplete Part IV, Sections A ar	nd B.				
	b	Type II. A	A supporting organization sup	pervised or controlled in connec	tion with	its suppo	rted organization(s), by having		
		control or	management of the support	ting organization vested in the s	same pers	ons that	control or manage the support	ed	
		_ `	•	Part IV, Sections A and C.					
	С			upporting organization operated				ith,	
		$\overline{}$	• ,,,	structions). You must complete				(-)	
	d			 A supporting organization ope organization generally must sa 				· ·	
				nust complete Part IV, Section	-		-	555	
	е	_ `	,	eived a written determination fro					
				n-functionally integrated support			, a 1, po 1, 1, po 11, 1, po 111		
	f	Enter the nun	nber of supported organization	ons					
	g	Provide the fo	ollowing information about th	ne supported organization(s).					
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1–10	-	ur governing	support (see	other support (see	
				above (see instructions))	docur		instructions)	instructions)	
					Yes	No			
(A)									
(D)									
(B)									
(0)									
(C)									
(D)					-				
(D)									
<u></u>					-				
(E)									
Tota									

Scriedule A (Form 990) 2023

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.)

Sec	tion A. Public Support				•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	720,326,030	875,161,969	995,829,881	1292757468	1149814059	5033889407
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 5	Total. Add lines 1 through 3 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	720,326,030	875,161,969	995,829,881	1292757468	1149814059	
_	shown on line 11, column (f)						164,151,748
6	Public support. Subtract line 5 from line 4 tion B. Total Support						4869737659
	ndar year (or fiscal year beginning in)	(a) 2040	(h) 2020	(=) 2024	(4) 2000	(a) 0000	(f) Tatal
		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	720,326,030 10,552,388	875,161,969 8,287,141	995,829,881 8,127,905	1292757468 15,153,293	1149814059 46,369,083	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5122379217
12	Gross receipts from related activities, etc.	(see instructions)				12	51,619,017
13	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2023 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	95.07%
15	Public support percentage from 2022 Sche	edule A, Part II, line	e 14			15_	95.47 %
16a	33 1/3% support test — 2023. If the organization qual box and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			x
b	33 1/3% support test — 2022. If the orgathis box and stop here. The organization	qualifies as a publi	icly supported orga	anization			
17a b	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the fa organization 10%-facts-and-circumstances test — 20	ts the facts-and-cire	cumstances test, c	check this box and nization qualifies a	stop here. Explai as a publicly suppo	n in orted	[
	15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the facts-a	nd-circumstances	test, check this box	x and stop here. I	Explain	
18	organization Private foundation. If the organization did						
	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.)

Sec	tion A. Public Support	, ,		, , , , , , , , , , , , , , , , , , ,	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(1)		(2)	(4)		()
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 o	•	second, third, fourt	h, or fifth tax year	as a section 501(d	c)(3)	
S	organization, check this box and stop her						
	tion C. Computation of Public St			(0)		45	
15 16	Public support percentage for 2023 (line 8						<u>%</u>
<u>16</u> Sec	Public support percentage from 2022 Schotton D. Computation of Investme					16	%
<u>000</u> 17	Investment income percentage for 2023 (I			3 column (f))		17	%
	Investment income percentage from 2022		II lino 17			10	
19a	33 1/3% support tests — 2023. If the org				is more than 33 1		
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests — 2022. If the org		=				
	line 18 is not more than 33 1/3%, check the	nis box and stop h	ere. The organizat	tion qualifies as a	publicly supported	organization	<u></u>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruc	tions	

Part IV **Supporting Organizations**

(Complete only if you checked a box on 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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
Cal-	10b	/Fa 1	990) 2023
ocne	aule A	(rorm 9	iyu) 2023

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on 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		
Secti	on C. Type II Supporting Organizations			1
			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		
Secti	on D. All Type III Supporting Organizations			ı
			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 on 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			
Socti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1.		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
		uotiono	١	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instractivities Test. Answer lines 2a and 2b below.	, actions 	Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	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 on line 2a, above, constitute activities that, but for the organization's	La		
D	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.	-5		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organizati	ons					
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		(optional)				
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	1 1						
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 integrat		supporting organization	•				
(see instructions).	71	., 5 5					

Schedule A (Form 990) 2023

Page 7

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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019. **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Samaritan's Purse Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

58-1437002

B, lines 1 and 2; Part IV, Section C, line 3a, and 3b; Part V, line 1; Part V, Secti lines 2, 5, and 6. Also complete this pa	ion B, line 1e; Part V, Se	ction D, lines 5, 6, and 8; and Part	
Part II, Line 10 - Other Incom	e Detail		
Discounts/Other	\$	0	
•			
Supplemental Information			
The Ministry's public charity	status is class	ified as an associati	ion of
churches (IRS Section 170(b)(1)(A)(i)). The M	finistry has selected	Schedule
A, Part I, Box 7 rather than B	ox 1 since the	nature of the Ministr	ry
continues to be that of an org	anization that	receives a substantia	al part of
its support from a governmenta	l unit or from	the general public.	
·			
•			
•			
·			
•			
·			
·			
•			
•			

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

Schedule B (Form 990)

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

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF.

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

Schedule of Contributors

2023

Employer identification number

Samaritan's Pu	**-***7002						
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						
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See					
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determining the property in the contributions.						
Special Rules							
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13 from any one contributor, during the year, total contributions of the greater of (1) \$5,000 on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, 16a, or					
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 descentributor, during the contributions totaled moduring the year for an edgeneral Rule applies totaling \$5,000 or more	ived e						
must answer "No" on Part IV, I	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ust 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 to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Name of organization

Samaritan's Purse

Employer identification number **-***7002

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 53,350,471	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
2		\$ 37,448,706	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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.)

Name of organization

Samaritan's Purse

Employer identification number **-***7002

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Food Inventory	\$ 24,905,697	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

Sa	amaritan's Purse	58-1437002
Pa	rt I Organizations Maintaining Donor Advised Funds or Ot	her Similar Funds or Accounts
	Complete if the organization answered "Yes" on Form 990,	
		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	
6	Did the organization inform all grantees, donors, and donor advisors in writing that	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	, , , , , , , , , , , , , , , , , , ,
Pa	rt 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 app	
-	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 cont	ibution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line	2a 2c
d	Number of conservation easements included on line 2c acquired after July 25, 200	
	an a historia atrustura liatad in the National Desister	2d
3	Number of conservation easements modified, transferred, released, extinguished, or	
	tax year	, ,
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, insp	ection, 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,	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirement	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its re-	·
	sheet, and include, if applicable, the text of the footnote to the organization's finan-	cial statements that describes the
_	organization's accounting for conservation easements.	Towns on Other Obelles Assets
Pa	organizations Maintaining Collections of Art, Historica Complete if the organization answered "Yes" on Form 990,	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its	
	of art, historical treasures, or other similar assets held for public exhibition, educati	•
L	service, provide in Part XIII the text of the footnote to its financial statements that of	
Ŋ	If the organization elected, as permitted under FASB ASC 958, to report in its reve	
	art, historical treasures, or other similar assets held for public exhibition, education	or research in futilierance of public service,
	provide the following amounts relating to these items.	e
	(i) Revenue included on Form 990, Part VIII, line 1	\$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar	r accete for financial gain, provide the
2		
•	following amounts required to be reported under FASB ASC 958 relating to these in Revenue included on Form 990. Part VIII. line 1	
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	\$

Pa	rt III Organizations Maintainii	ng Collections of	Art, Historical Tre	easures, c	r Other	r Simila	ar As	ssets	(continu	ıed)	
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records	, check any of the follo	owing that ma	ake signifi	cant use	of its				
а	Public exhibition		_oan or exchange prog								
b											
C	Preservation for future generations						_				
4	Provide a description of the organization's	collections and explain	how they further the o	organization's	exempt p	ourpose ir	n Part				
_	XIII.	it or rossive denstions o	of art historical traceur	aa ar athar i	imilar.						
5	During the year, did the organization solic assets to be sold to raise funds rather tha								☐ Yes	. $ abla$	No
Pa	irt IV Escrow and Custodial A		dart of the organization	5 COIIECTION:						<u> </u>	INO
	Complete if the organization	•	on Form 990. Par	t IV. line 9	. or repo	orted ar	n am	ount o	n Form		
	990, Part X, line 21.		,	,	,						
1a	Is the organization an agent, trustee, cust	odian or other intermedi	ary for contributions or	other assets	not						
	included on Form 990, Part X?								Yes	; [No
b	If "Yes," explain the arrangement in Part >	(III and complete the fol	lowing table.			_					
						_			Amount		
							1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
1	Ending balance	Form 000 Port V line	21 for aggress or quet	adial aggrup	t liability?		1f		Yes		No
	If "Yes," explain the arrangement in Part X									· -	140
	ert V Endowment Funds	ani. Gridok fiore ii are of	pianation has been pre	3 VIGOG OII I G		<u></u>				·	
	Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 1	0.						
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Thre	e years	back	(e) Four	years l	oack
	Beginning of year balance	1,007,009	1,007,009	1,00	7,009	1,	007	,009	1,0	07,	009
b	Contributions										
С	Net investment earnings, gains, and								_		
	losses	130,101	75,136	26	4,592		113	, 280	2	74,	870
	Grants or scholarships										
е	Other expenditures for facilities and	130,101	75,136	26	4,592		112	,280	2	74	870
f	Administrative expenses		757150		1,552			7200		, . ,	0,0
a	End of year balance	1,007,009	1,007,009	1,00	7,009	1,	007	,009	1,0	07,	009
2	Provide the estimated percentage of the c				1	<u>-</u>		-			
а	Decad decimated as social andronesis	%	(),								
b	Permanent endowment 100.00 9										
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c s										
3a	Are there endowment funds not in the pos	session of the organiza	tion that are held and	administered	for the				Г		
	organization by:								$\overline{}$	Yes	No_
	(ii) Deleted executed								3a(i)		X
h	(ii) Related organizations?	izations listed as requir	an Schodula P2						3a(ii) 3b		
4	Describe in Part XIII the intended uses of								_ 3D _		
Pa	ert VI Land, Buildings, and Ed		WITIOTIC TOFIGO.								
	Complete if the organization		on Form 990, Part	t IV, line 1	1a. See	Form 9	990,	Part X	, line 10).	
	Description of property	(a) Cost or other b				Accumulated			(d) Book v		
		(investment)	(other		de	preciation					
1a	Land			0,066					35,08		
b	Buildings		238,31	6,591	58,	,579 ,	111	17	79,73	7,4	180
	Leasehold improvements		204 22	5 004	4 = 4	0.50	400	+	2		
	Equipment		284,99	5,894	171,	873,	480	11	L3,12	2,4	<u>+14</u>
	Other		V line 10= ==1:::::: (2					2.0	7 02	0 (160
ıota	. Add lines 1a through 1e. (Column (d) mus	sı equal Form 990, Part	A, IIIIe 100, column (B	<i>///</i>				5∠	27 , 93	<i>,</i> ,	700

Schedule D (F	orm 990) 2023 Samar	ritan's P	urse		58-1437002	Page 3
Part VII	Investments - Other	r Securities				
	Complete if the organ	nization answer	ed "Yes" on F	Form 990, Part IV, line	11b. See Form 990, P	art X, line 12.
	(a) Description of secur			(b) Book value	(c) Method of	
	(including name of	security)			Cost or end-of-yea	r market value
(1) Financial						
	ld equity interests					
(3) Other						
				_		
(D)						
(0)						
Part VIII	(b) must equal Form 990, Investments - Prog		<i>I.</i> (<i>В))</i>			
rait VIII			rad "Vas" on F	Form 000 Part IV line	e 11c. See Form 990, P	art Y line 13
	(a) Description of i		eu res orri	(b) Book value	(c) Method of	
	(a) Description of t	nvestment		(b) Book value	Cost or end-of-year	
(1)					,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990,	Part X, line 13, co	I. (B))			
Part IX	Other Assets					
	Complete if the organ	nization answer	red "Yes" on F	Form 990, Part IV, line	e 11d. See Form 990, P	art X, line 15.
			(a) Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Table (0 a ferror	· (h) ············ / F-······ 000	David V. Para 45 and	((D))			
	o (b) must equal Form 990, Other Liabilities	Part X, line 15, co.	I. (B))			
Part X		nization anawar	od "Voo" on I	Form 000 Port IV line	e 11e or 11f. See Form	000 Dort V
	line 25.	iization answei	eu res on r	-OIIII 990, Fait IV, IIIR	e rie or rii. See Foilli	990, Fait A,
1.	IIIIC ZJ.	(a) D	Description of liability			(b) Book value
	income taxes	(4)	rescription or liability			(b) Book value
	ed Giving Progra	m Liabilit	v			45,269,590
(3)			4			10,200,000
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990,	Part X, line 25, co	I. (B))			45,269,590

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

Pa	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	1237460364				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	1237100301				
- a		2a	24,578,661						
b		2b	15,406,006						
C			23,100,000						
d									
e				2e	39,984,667				
3	Subtract line 2e from line 1			3	1197475697				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I							
а		4a							
b			4,434,559						
С				4c	4,434,559				
5				5	1201910256				
Pa	art XII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Expenses per F	Retur	n				
	Complete if the organization answered "Yes" on Form 990, F	Part IV,	line 12a.						
1	Total company and because of the defended for a collection of the control of the			1	1052568012				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a	15,406,006						
b									
С		2c							
d		2d	47						
е				2e	15,406,053				
3	Subtract line 2e from line 1			3	1037161959				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b	351,862						
С	Add lines 4a and 4b			4c	351,862				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1037513821				
	art XIII Supplemental Information								
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			art X, I	ine				
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide								
. Р	art V, Line 4 - Intended Uses for Endowmen	t Fui	nas						
_	manana famaa kala ka ika waadaina ay da			_	1 1				
E	ndowment funds held by the Ministry are in	veste	ed to provide	a	long-term				
_		٠- د	Omenetiem IIee		Datudata				
· ·	unding source to supplement the activities	OI (operation Hea	Τ.Ο	ur Patriots.				
D	art X - FIN 48 Footnote								
·	alt x - fin 40 foothore								
T	he Ministry is exempt from federal income	tavo	and contri	hut	iong to the				
🛨	ne ministry is exempt from rederal income	care	s, and concrr	Duc	TOUR CO CITE				
м	inistry are deductible as charitable contr	i but i	ions under In	ter	nal Revenue				
	iniscry are deductible as charicable contr	TDuc.	LONS UNGEL IN	CCI	nai kevenue				
ط	ode Section 170.								
	ode beccion 170:								
T	he Internal Revenue Service has issued a d	eteri	mination lett	er	to the				
				T.T					
M	inistry stating that it continues to quali	fy fo	or tax-exempt	st	atus under				
I	nternal Revenue Code Section 501(c)(3); the								

Supplemental information (continued)		
foundation, and that it is classified as a public chari	ty as de	scribed in
509(a)(1) and 170(b)(1)(A)(i).		
The Ministry has determined that it does not have any	material	unrecognized
tax benefits or obligations as of December 31, 2023.		
Part XI, Line 4b - Revenue Amounts Included on Return -	Other	
Planned Giving Beneficiary Payments	\$	4,082,697
Planned Giving Admin. Fees	\$	351,862
Part XII, Line 2d - Expense Amounts Included in Financi	.als - Ot	her
Other/Misc.	\$	47
Other/Misc.		
Part XII, Line 4b - Expense Amounts Included on Return	- Other	
		351,862
		351,862
		351,862
		351,862
		351,862
	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	
Planned Giving Admin. Fees	\$	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

2023

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Samaritan's Purse Employer identification number 58-1437002

Pa		eneral Information orm 990, Part IV, line		tside the	United States. Co	omplete if the organization answer	ered "Yes" on
1		akers. Does the organiz		to substantia	te the amount of its o	rants and	
	_	ance, the grantees' eligit			_		
							X Yes No
2						its grants and other assistance	·· <u> </u>
2	_	United States.	v trie organization's pr	ocedures ioi	monitoring the use of	its grants and other assistance	
	outside the t	Officed States.					
3	Activities per	Region. (The following	Part I, line 3 table can	be duplicated	d if additional space is	s needed.)	
	(a) Region	(b) Number of offices in	(c) Number of employees,		es conducted in the by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		the region	agents, and independent	fundraising	g, program services, s, grants to recipients	describe specific type of service(s) in the region	and investments in the region
			contractors		ed in the region)	service(s) in the region	iii tile region
Ce	ntral A	merica/Caribbe	in the region				
(1)	iiciai r	1		Program	Svcs	ComDev/Child/EmerRlf	2,944,998
	ntral A	merica/Caribbe			2.02	Compet, Gillia, Emerica	2,311,330
(2)				Grants			31,845,346
	st Asia	/Pacific					
(3)		10	416	Program	Svcs	ComDev/Child/EmerRlf	7,705,520
Ea	st Asia	/Pacific					
(4)				Grants			31,266,986
Eu	rope						
		2	245	Program	Svcs	ComDev/EmerRlf/Med	21,971,841
Eu	rope						
(6)				Grants			5,719,031
Mi	ddle Eas	st & North Afr					14 000 000
(7)	331 - To	st & North Afr		Program	Svcs	ComDev/EmerRlf/Med	14,238,069
	aare Eas	st & North Air	ıca	Cmanta			10 //7 000
(8) No	rth Ame:	rica		Grants			18,447,888
(9)	T CII AME.	Lica	48	Program	Svcs	EmerRlf/Med	3,193,205
	rth Ame:	rica	10	rrogram	5765	Inicitiz, fied	371337203
(10)				Grants			27,263,592
	ssia &	Neighboring St	ates				
(11)		1	258	Program	Svcs	Ukraine/NeighStRlf	58,161,414
Ru	ssia &	Neighboring St	ates				
<u>(12)</u>				Grants			61,192,975
Sc	outh Ame:	rica					
(13)		2	203	Program	Svcs	ComDev/EmerRlf/Med	6,035,739
Sc	outh Ame:	rica					
<u>(14)</u>				Grants			46,111,627
	outh Asia	_		D	G	Charlet Ed /Eman Dl f /Mad	4FF 260
(15)	outh Asia	1		Program	SVCS	ChristEd/EmerRlf/Med	455,269
	outii ASI	2		Grants			6,073,944
(16)	h-Sahara	n Africa		Granes			0,073,544
(17)	D Danard	8	2,328	Program	Svcs	ComDev/EmerRlf/Med	89,801,922
	ubtotal				2.02		432,429,366
_	tal from continuation		, , , , ,				
	eets to Part I						142,729,497
	otals (add						
	es 3a and 3b	27	3,925				575,158,863

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2023

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990.

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

58-1437002 Samaritan's Purse Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to Yes No award the grants or assistance? 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.) (b) Number (c) Number of (e) If activity listed in (d) is (a) Region (d) Activities conducted in the (f) Total of offices in employees, a program service, expenditures for region (by type) (such as, the region agents, and fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region located in the region) in the region Sub-Saharan Africa _(1) Grants 142,729,497 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15) (16)<u>(17)</u> 3a Subtotal 142,729,497 **b** Total from continuation sheets to Part I c Totals (add

Part I				zations or Entities Outside the ived more than \$5,000. Part II ca				swered "Yes" on F	orm 990,
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)
				Community Develop.	9,836,021	Wire			
(1)			Sub-Sahara						
				Ukraine-Medical Asst	3,362,800	Wire			
(2)			Russia &	Neighboring States					
				Community Develop.	2,171,190	Wire			
(3)			Middle Ea	st & North Africa					
				Emergency Relief	1,867,234	Wire			
(4)			Middle Ea	st & North Africa					
				Medical Assistance	1,240,000	ACH			
(5)			Middle Ea	st & North Africa					
				Medical Assistance	1,230,890	Wire			
(6)			Sub-Sahara						
				Emergency Relief	1,160,196	Wire			
(7)			Middle Ea	st & North Africa					
				Emergency Relief	1,093,062	Wire			
(8)			Europe			_			
				Ukraine Relief	1,000,000	Wire			
(9)			Russia &	Neighboring States					
				Ukraine-Mission Asst	1,000,000	Wire			
(10)			Russia &	Neighboring States					
				Community Develop.	1,000,000	ACH			
(11)			Sub-Sahara						
				Emergency Relief	925,000	ACH			
(12)			Middle Ea	st & North Africa					
				Christian Education	911,872	Wire			
(13)			Middle Ea	st & North Africa					
				Emergency Relief	850,000	Wire			
(14)			Europe						
				Ukraine-Comm Develop	770,807	Wire			
(15)			Russia &	Neighboring States					
				Emergency Relief	450,000	Wire			
(16)			Europe						
				are recognized as charities by the foreig				_	
				ntee or counsel has provided a section				5	546
3 Ent	er total number of ot	her organizations or	entities						

221,123

219,449

Cash

Wire

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (b) IRS code (e) Amount of (f) Manner of (c) Region (d) Purpose of (g) Amount of (h) Description valuation organization (book, FMV, section and EIN cash grant of noncash assistance grant noncash appraisal, other) (if applicable) disbursement assistance Children's Ministry 447,431 Cash/Wire Central America/Caribbean (1) Ukraine Relief 400,000 Wire Russia & Neighboring States (2) Emergency Relief 375,000 ACH Middle East & North Africa (3) Christian Education 355,028 Wire Middle East & North Africa (4) Emergency Relief 322,914 Wire East Asia/Pacific (5) Emergency Relief 312,728 Wire Middle East & North Africa (6) Emergency Relief 305,000 Wire Middle East & North Africa (7) Christian Education 280,600 Wire Central America/Caribbean (8) Children's Ministry 262,012 Wire South America (9) Children's Ministry 248,734 Wire South America (10) Children's Ministry 237,191 Wire North America (11) Ukraine Relief 229,131 Wire Russia & Neighboring States (12) Christian Education 227,168 Wire Middle East & North Africa (13) Children's Ministry 224,117 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

Christian Education

Emergency Relief

East Asia/Pacific

Sub-Saharan Africa

Middle East & North Africa

(14)

(15)

(16)

³ Enter total number of other organizations or entities

Part I				zations or Entities Outside the ived more than \$5,000. Part II c		•	0	swered "Yes" on F	orm 990,
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)
				Emergency Relief	210,000	Wire			
(1)			Europe						
				Emergency Relief	200,000	Wire			
(2)			Middle Ea	st & North Africa					
				Christian Education	200,000	Wire			
(3)			Middle Ea	st & North Africa					
				Missionary Assist.	200,000	ACH			
(4)			Sub-Sahara						
				Emergency Relief	200,000	Wire			
(5)			Middle Ea	st & North Africa					
				Emergency Relief	200,000	Wire			
(6)			Middle Ea	st & North Africa					
				Medical Assistance	191,200	Wire			
(7)			Middle Ea	st & North Africa					
				Community Develop.	188,250	Wire			
(8)			Middle Ea	st & North Africa					
				Christian Education	182,500	Wire			
(9)			Middle Ea	st & North Africa					
				Christian Education	180,000	Wire			
(10)			Sub-Sahara						
				Ukraine Relief	171,750	Wire			
(11)			Russia &	Neighboring States					
				Christian Education	170,800	Wire			
(12)			South Ame						
				Community Develop.	162,049	Wire			
(13)			Sub-Sahara	n Africa					
				Christian Education	160,000	ACH			
(14)			North Ame	rica					
				Medical Assistance	150,000	ACH			
(15)			Sub-Sahara	n Africa					
				Community Develop.	150,000	ACH			
(16)			Sub-Sahara	n Africa					

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

³ Enter total number of other organizations or entities .

Part II			_	zations or Entities Outside the ived more than \$5,000. Part II ca		•	•	wered Yes on F	orm 990,
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)
				Emergency Relief	150,000	ACH			
(1)			Sub-Sahara	an Africa					
				Medical Assistance	149,350	Wire			
(2)			Sub-Sahara	an Africa					
				Children's Ministry	148,633	Wire			
(3)			South Ame	rica					
				Emergency Relief	145,000	Wire			
(4)			Middle Ea	st & North Africa					
				Christian Education	142,000	Wire			
(5)			Central A	merica/Caribbean					
				Emergency Relief	141,974	Wire			
(6)			Europe						
				Ukraine-Children Min	135,603	Wire			
(7)			Russia &	Neighboring States					
				Medical Assistance	135,000	Wire			
(8)			Middle Ea	st & North Africa					
				Ukraine-Comm Develop	128,879	Wire			
(9)			Russia &	Neighboring States					
				Children's Ministry	126,332	Wire			
(10)			Sub-Sahara	an Africa					
				Children's Ministry	121,340	Wire			
(11)			Central A	merica/Caribbean					
				Emergency Relief	120,000	Wire			
(12)			Europe						
				Children's Ministry	119,420	Wire			
(13)			Sub-Sahara	an Africa					
				Children's Ministry	114,278	Wire			
(14)			Sub-Sahara	an Africa					
				Ukraine Relief	111,173	ACH			
(15)			Russia &	Neighboring States					
				Medical Assistance	104,512	Wire			
(16)			South Asi	<u> </u>				1	

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

³ Enter total number of other organizations or entities

Part II				ved more than \$5,000. Part II ca		•	0	swered res on F	om 990,
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)
				Children's Ministry	104,506	Wire			
(1)			Sub-Sahara	<u> </u>					
				Emergency Relief	103,500	Wire			
(2)			South Asi						
				Ukraine-Comm Develop	100,242	Wire			
(3)			Russia &	Neighboring States					
			_	Emergency Relief	100,000	Wire			
(4)			East Asia						
				Medical Assistance	100,000	Wire			
(5)			Sub-Sahara		100 000				
			l	Missionary Assist.	100,000	Wire			
(6)			East Asia		100.000				
				Emergency Relief	100,000	ACH			
(7)			South Asi		100.000	*.*			
(0)			vidale se	Emergency Relief	100,000	Wire			
(8)			Middle Ea	st & North Africa Emergency Relief	100,000	Wire			
(0)			Middle Es	st & North Africa	100,000	wire			
(9)			MIGGIE Ea	Emergency Relief	99,638	ACH			
(40)			Europe	Emergency Refret	99,030	ACH			
(10)			Europe	Christian Education	99,000	Wire			
(11)			Europe	CHIISCIAN EducaCION	33,000	MILE			
(11)			Edrope	Children's Ministry	97,099	Wire			
(12)			 East Asia		37,033	WIIC			
(12)			Last iisia	Children's Ministry	96,637	Wire			
(13)			South Ame	- 1	30,037	MILC			
(13)			Doucii iiiic	Children's Ministry	96,195	Wire			
(14)			 Sub-Sahara	_	50,155	0			
(17)				Emergency Relief	96,000	ACH			
(15)			Central Z	merica/Caribbean	20,000				
(10)				Children's Ministry	95,846	Wire			
(16)			South Asi	- I	11,010				
							L		

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

³ Enter total number of other organizations or entities

Part I				zations or Entities Outside the ived more than \$5,000. Part II ca		•	•	swered "Yes" on F	orm 990,
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)
				Children's Ministry	94,518	Wire			
(1)			Sub-Sahara	an Africa					
				Medical Assistance	93,550	Wire			
(2)			Sub-Sahara	an Africa					
				Medical Assistance	90,000	Wire			
(3)			Sub-Sahara	-					
				Emergency Relief	87,500	Wire			
(4)			Middle Ea	st & North Africa					
				Neighbor State-EmRlf	85,000	ACH			
(5)			Russia &	Neighboring States					
				Children's Ministry	82,045	Wire			
(6)			Sub-Sahara						
				Children's Ministry	80,615	Wire			
(7)			Sub-Sahara						
				Children's Ministry	76,985	Wire			
(8)			Sub-Sahara						
				Ukraine-Children Min	75,450	ACH			
(9)			Russia &	Neighboring States					
				Emergency Relief	75,000	Wire			
(10)			Europe						
				Emergency Relief	75,000	Wire			
(11)			Middle Ea	st & North Africa					
				Emergency Relief	75,000	Wire			
(12)			Middle Ea	st & North Africa					
				Emergency Relief	73,398	Wire			
(13)			Sub-Sahara	-					
				Emergency Relief	73,223	Wire			
(14)			East Asia	/Pacific					
				Children's Ministry	71,748	Wire			
(15)			Sub-Sahara	1					
				Ukraine-Medical Asst	70,625	ACH			
(16)			Russia &	Neighboring States					

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 ______

³ Enter total number of other organizations or entities

60,075

Wire

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (b) IRS code (d) Purpose of (e) Amount of (f) Manner of (c) Region (g) Amount of (h) Description valuation organization (book, FMV, section and EIN grant cash grant cash of noncash assistance noncash appraisal, other) (if applicable) disbursement assistance Emergency Relief 70,000 Wire Sub-Saharan Africa (1) Ukraine-Children Min 70,000 ACH Russia & Neighboring States (2) Ukraine-Comm Develop 70,000 Wire Russia & Neighboring States (3) Emergency Relief 70,000 Wire Middle East & North Africa (4) Medical Assistance Cash/Check/Wire 69,380 Sub-Saharan Africa (5) Children's Ministry 67,856 Wire Central America/Caribbean (6) Children's Ministry 67,429 Wire East Asia/Pacific (7) Neighbor State-CmDev 67,270 Wire Russia & Neighboring States (8) Christian Education 66,124 ACH Sub-Saharan Africa (9) Emergency Relief 65,000 Wire Sub-Saharan Africa (10) Children's Ministry 64,570 ACH North America (11) Children's Ministry 64,204 Wire (12) South America Community Develop. 63,923 Wire Sub-Saharan Africa (13) Medical Assistance 62,469 Wire Sub-Saharan Africa (14) Children's Ministry 60,484 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

Emergency Relief

Central America/Caribbean

Middle East & North Africa

(15)

³ Enter total number of other organizations or entities

Part I			_	zations or Entities Outside the		•	•	swered "Yes" on F	orm 990,
	Part IV, line	15, for any reci	pient who recei	ved more than \$5,000. Part II ca	an be duplicated if	additional spa	ce 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)
				Christian Education	60,000	Wire			
(1)			Middle Ea	st & North Africa					
				Emergency Relief	60,000	ACH			
(2)			South Asi						
(3)			 Sub-Sahara	Community Develop.	60,000	Wire			
				Community Develop.	60,000	Wire			
(4)			North Ame		•				
				Emergency Relief	60,000	Wire			
(5)			Middle Ea	st & North Africa					
				Emergency Relief	60,000	ACH			
(6)			South Asi	a					
/- \			E	Children's Ministry	60,000	Wire			
(7)			Europe	Children's Ministry	58,772	Wire			
(0)			 Sub-Sahara		30,772	wire			
(8)			Sub-Sallar	Children's Ministry	56,500	Wire			
(0)			Europe	Children's Miniscry	30,300	MILE			
(9)			Europe	Children's Ministry	55,811	Wire			
(10)			Central A	merica/Caribbean	33,011	,,,,,,			
(10)			50210242 2	Children's Ministry	55,306	Wire			
(11)			Sub-Sahara	_	22,223				
(1.1)				Medical Assistance	54,835	Wire			
(12)			North Ame		•				
				Emergency Relief	53,831	Wire			
(13)			Middle Ea	st & North Africa					
` '				Children's Ministry	53,781	Wire			
(14)			Sub-Sahara	n Africa					
				Children's Ministry	53,727	Wire			
(15)			East Asia	/Pacific					
				Children's Ministry	53,724	Wire			
(16)			Sub-Sahara	n Africa					

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

³ Enter total number of other organizations or entities

Part II				zations or Entities Outside the		•	- C	wered "Yes" on F	orm 990,
	Part IV, line	: 15, for any recij	pient who recei	ived more than \$5,000. Part II c	an be duplicated if	additional spa	ace is needed.		(i) Method of
1	(a) Name of	(b) IRS code section and EIN	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	valuation (book, FMV,
	organization	(if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	appraisal, other)
				Ukraine-Comm Develop	52,661	Wire			
(1)			Russia &	Neighboring States	•				
				Ukraine-Comm Develop	51,857	Wire			
(2)			Russia &	Neighboring States					
				Emergency Relief	51,000	Wire			
(3)			Middle Ea	st & North Africa					
				Ukraine-Comm Develop	51,000	Wire			
(4)			Russia &	Neighboring States					
				Emergency Relief	50,805	Cash			
(5)			Middle Ea	st & North Africa					
				Emergency Relief	50,063	Wire			
(6)			Middle Ea	st & North Africa					
				Emergency Relief	50,063	Wire			
(7)			Middle Ea	st & North Africa					
				Emergency Relief	50,063	Wire			
(8)			Middle Ea	st & North Africa					
				Emergency Relief	50,000	Wire			
(9)			Middle Ea	st & North Africa					
				Emergency Relief	50,000	Wire			
(10)			Middle Ea	st & North Africa					
				Emergency Relief	50,000	Wire			
(11)			Middle Ea	st & North Africa					
				Children's Ministry	50,000	ACH			
(12)			South Asi			_			
				Children's Ministry	50,000	Wire			
(13)			Middle Ea	st & North Africa					
				Christian Education	50,000	Check			
(14)			Sub-Sahara						
				Emergency Relief	50,000	Wire			
(15)			Sub-Sahara		FO 222				
			,	Emergency Relief	50,000	ACH			
(16)			South Asi	a					

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 ______

³ Enter total number of other organizations or entities

Part II				Complete if the organization answered "Yes" on Form 990, fadditional 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)
				Emergency Relief	50,000	Wire			
(1)			Sub-Sahara						
				Emergency Relief	50,000	ACH			
(2)			South Asi						
				Medical Assistance	50,000	ACH			
(3)			South Asi						
				Emergency Relief	50,000	Wire			
(4)			Europe						
				Emergency Relief	50,000	Wire			
(5)			Middle Ea	st & North Africa					
				Emergency Relief	50,000	Wire			
(6)			Middle Ea	st & North Africa					
				Ukraine-Medical Asst	50,000	Wire			
(7)			Russia &	Neighboring States					
			l	Emergency Relief	49,980	Wire			
(8)			East Asia						
				Ukraine-Comm Develop	48,967	Wire			
(9)			Russia &	Neighboring States					
				Children's Ministry	48,468	Wire			
(10)			South Ame						
				Emergency Relief	47,000	Wire			
(11)			Middle Ea	st & North Africa	44.000				
				Emergency Relief	46,050	Wire			
(12)			South Asi		45.001				
			., .,	Emergency Relief	46,031	Wire			
(13)			South Asi		45.500				
			1	Christian Education	45,799	Wire			
(14)			Middle Ea	st & North Africa	45.000	***			
44.50			Dunada a	Ukraine-Medical Asst	45,000	Wire			
(15)			kussia &	Neighboring States	42 102	3.077			
44.00				Children's Ministry	43,193	ACH			
(16)			East Asia	//Pacific			1	1	

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 ______

³ Enter total number of other organizations or entities

36,000

Wire

Part II	Grants and	d Other Assista	nce to Organia	zations or Entities Outside the	United States.	Complete if the	organization ans	wered "Yes" on F	orm 990,
	Part IV, line	15, for any reci	pient who recei	ved more than \$5,000. Part II c	an be duplicated if	additional spa	ce 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)
				Medical Assistance	42,800	ACH			
(1)			East Asia	/Pacific					
				Christian Education	42,500	Wire			
(2)			Middle Ea	st & North Africa					
				Christian Education	42,500	Wire			
(3)			Sub-Sahara	n Africa					
				Children's Ministry	41,850	Check			
(4)			Sub-Sahara						
				Emergency Relief	41,809	Check			
(5)			East Asia						
				Children's Ministry	41,315	Wire			
(6)			Central A	merica/Caribbean					
				Emergency Relief	41,236	Wire			
(7)			Europe						
				Children's Ministry	40,384	Wire			
(8)			South Asi						
			<u>.</u> _	Emergency Relief	40,330	Wire			
(9)			South Ame						
				Children's Ministry	40,000	Wire			
(10)			Sub-Sahara		40.000				
				Medical Assistance	40,000	Wire			
(11)			Middle Ea	st & North Africa	40.000	***			
				Ukraine Relief	40,000	Wire			
(12)			Russia &	Neighboring States	40.000	7.7.1			
(40)			widala na	Emergency Relief	40,000	Wire			
(13)			міаате на	st & North Africa	20 765	Cho al-			
(4.4)			Foot Asia	Community Develop.	38,765	Check			
(14)			East Asia	Children's Ministry	38,316	Wire		+	
(4E)			Gub-Cahar	- 1	30,310	MTTE			

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

Russia & Neighboring States

Ukraine-Children Min

³ Enter total number of other organizations or entities .

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (d) Purpose of (b) IRS code (e) Amount of (f) Manner of (c) Region (g) Amount of (h) Description valuation organization (book, FMV, section and EIN cash grant of noncash assistance grant noncash appraisal, other) (if applicable) disbursement assistance Children's Ministry 35,654 Wire Sub-Saharan Africa (1) Emergency Relief 35,519 Wire Middle East & North Africa (2) Children's Ministry 35,039 Wire Sub-Saharan Africa (3) Ukraine Relief 35,001 Wire Russia & Neighboring States (4) Emergency Relief 35,000 Wire South Asia (5) Emergency Relief 35,000 Wire South Asia (6) Ukraine Relief 34,502 Wire Russia & Neighboring States (7) Ukraine-Comm Develop 34,153 Wire Russia & Neighboring States (8) Christian Education 33,700 Wire Sub-Saharan Africa (9) 33,662 Ukraine-Medical Asst Wire Russia & Neighboring States (10) Ukraine-Medical Asst 33,662 Wire Russia & Neighboring States (11) Emergency Relief 33,628 Wire Middle East & North Africa (12) Children's Ministry 33,516 Wire East Asia/Pacific (13) Children's Ministry 33,500 ACH Sub-Saharan Africa (14) Children's Ministry 33,200 Wire South America (15) Christian Education 33,062 Check East Asia/Pacific (16)

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

³ Enter total number of other organizations or entities

Part II				zations or Entities Outside the				swered "Yes" on F	orm 990,
	Part IV, line	e 15, ior any reci	pient wno recei	ved more than \$5,000. Part II c	an be duplicated li	i additional spa	ice is needed.	1	(i) Method of
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	valuation (book, FMV, appraisal, other)
				Children's Ministry	32,570	Wire			
(1)			Sub-Sahara						
				Children's Ministry	32,000	Wire			
(2)			South Asi	- I	_				
				Children's Ministry	31,570	Wire			
(3)			Sub-Sahara	n Africa					
				Neighbor State-EmRlf	31,488	Cash			
(4)			Russia &	Neighboring States					
				Children's Ministry	31,000	Wire			
(5)			East Asia	/Pacific					
				Neighbor State-EmRlf	31,000	Wire			
(6)			Russia &	Neighboring States					
				Children's Ministry	30,991	Wire			
(7)			South Ame	rica					
				Children's Ministry	30,000	Wire			
(8)			South Asi						
				Children's Ministry	30,000	Wire			
(9)			South Asi	a					
				Children's Ministry	30,000	Wire			
(10)			Sub-Sahara	n Africa					
				Children's Ministry	30,000	Wire			
(11)			South Ame	rica					
				Christian Education	30,000	Wire			
(12)			Middle Ea	st & North Africa					
				Community Develop.	30,000	ACH			
(13)			South Ame	rica					
				Emergency Relief	30,000	Wire			
(14)			East Asia	/Pacific					
				Emergency Relief	30,000	Wire			
(15)			Europe						
				Children's Ministry	30,000	ACH			
(16)			Middle Ea	st & North Africa					

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

³ Enter total number of other organizations or entities

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (d) Purpose of (b) IRS code (e) Amount of (f) Manner of (c) Region (g) Amount of (h) Description valuation organization (book, FMV, section and EIN cash grant of noncash assistance grant noncash appraisal, other) (if applicable) disbursement assistance Ukraine-Mission Asst 30,000 Wire Russia & Neighboring States (1) Medical Assistance 30,000 Wire Sub-Saharan Africa (2) Emergency Relief 30,000 Wire South Asia (3) Medical Assistance 29,893 Wire Sub-Saharan Africa (4) Children's Ministry 29,760 Wire Central America/Caribbean (5) Children's Ministry 29,000 Wire East Asia/Pacific (6) Emergency Relief 28,152 Wire South Asia (7) Emergency Relief 27,200 ACH South America (8) Christian Education 27,000 Wire Sub-Saharan Africa (9) Christian Education 27,000 Wire Sub-Saharan Africa (10) Ukraine-Children Min 27,000 Wire Russia & Neighboring States (11) Christian Education 26,800 Wire Sub-Saharan Africa (12) Children's Ministry 26,000 Wire Sub-Saharan Africa (13) Children's Ministry 25,900 Wire South America (14) Children's Ministry 25,516 Wire South America (15) Christian Education 25,482 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

East Asia/Pacific

³ Enter total number of other organizations or entities

Part				zations or Entities Outside the ived more than \$5,000. Part II c		•	•	swered "Yes" on F	orm 990,
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)
				Medical Assistance	25,175	Check			
(1)			Sub-Sahara						
				Christian Education	25,000	Wire			
(2)			South Asi						
				Children's Ministry	25,000	Wire			
(3)			South Ame						
				Children's Ministry	25,000	Wire			
(4)			Sub-Sahara						
				Children's Ministry	25,000	ACH			
(5)			Middle Ea	st & North Africa					
				Christian Education	25,000	Wire			
(6)			East Asia						
				Emergency Relief	25,000	Wire			
(7)			Middle Ea	st & North Africa					
				Emergency Relief	25,000	Wire			
(8)			Middle Ea	st & North Africa					
				Emergency Relief	25,000	Wire			
(9)			Middle Ea	st & North Africa					
				Emergency Relief	25,000	Wire			
(10)			Middle Ea	st & North Africa					
				Emergency Relief	25,000	Wire			
(11)			Middle Ea	st & North Africa					
				Community Develop.	24,990	Wire			
(12)			East Asia						
				Community Develop.	24,851	Check			
(13)			East Asia	/Pacific					
				Children's Ministry	24,805	Wire			
(14)			South Ame	rica					
				Medical Assistance	24,742	Wire			
(15)			Sub-Sahara						
				Children's Ministry	24,619	Wire			
(16)			Central A	merica/Caribbean					

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 ______

³ Enter total number of other organizations or entities

21,335 Wire

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (d) Purpose of (b) IRS code (e) Amount of (f) Manner of (c) Region (g) Amount of (h) Description valuation organization (book, FMV, section and EIN cash grant of noncash assistance grant noncash appraisal, other) (if applicable) disbursement assistance Ukraine-Children Min 24,000 Wire Russia & Neighboring States (1) Community Develop. 24,000 Wire Sub-Saharan Africa (2) Medical Assistance 24,000 Wire Central America/Caribbean (3) Children's Ministry 23,427 Wire Sub-Saharan Africa (4) Children's Ministry 23,330 Wire Sub-Saharan Africa (5) Children's Ministry 23,167 Wire Sub-Saharan Africa (6) Community Develop. 23,000 Wire Sub-Saharan Africa (7) Children's Ministry 22,750 ACH South Asia (8) Emergency Relief 22,716 Check South Asia (9) Community Develop. 22,700 Wire North America (10) Children's Ministry 22,168 Wire Sub-Saharan Africa (11) Children's Ministry 22,159 Wire Central America/Caribbean (12) Children's Ministry 22,000 Wire South America (13) Christian Education 22,000 Wire Middle East & North Africa (14) Medical Assistance 21,548 Wire Sub-Saharan Africa (15)

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

Middle East & North Africa

Community Develop.

³ Enter total number of other organizations or entities

Part IV, line 15, for any recipie	ent who received more than \$5,000.	Part II can be duplicated if		0	wered res on r	OIIII 990,
1 (a) Name of (b) IRS code organization 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)
	Christian Educa	tion 21,190	Wire			
(1)	Middle East & North Africa					
	Medical Assista	nce 21,188	Check			
(2)	East Asia/Pacific					
	Community Develo	op. 21,079	Check			
(3)	East Asia/Pacific Ukraine Relief	20.064	Wi ma			
(4)	OKTAINE REITET Russia & Neighboring State	20,964	Wire			
(4)	Emergency Relies		Check			
(5)	East Asia/Pacific	20,755	CHECK			
(C)	Emergency Relie	£ 20,737	Check			
(6)	East Asia/Pacific					
	Children's Mini	stry 20,000	Wire			
(7)	South Asia					
	Christian Educa	tion 20,000	ACH			
(8)	Sub-Saharan Africa					
	Medical Assista	nce 20,000	ACH			
(9)	Sub-Saharan Africa					
(12)	Children's Mini	stry 20,000	Wire			
(10)	Sub-Saharan Africa Children's Mini	stry 20,000	Wire			
(44)	Sub-Saharan Africa	20,000	wile			
(11)	Ukraine-Comm De	velop 20,000	Wire			
(12)	Russia & Neighboring State	-				
	Emergency Relie		Wire			
(13)	South Asia					
	Children's Mini	stry 20,000	Wire			
(14)	East Asia/Pacific					
	Medical Assista	nce 19,950	Wire			
(15)	Sub-Saharan Africa					
	Children's Mini	stry 19,920	Wire			
(16)	Sub-Saharan Africa					

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

³ Enter total number of other organizations or entities

Part II				zations or Entities Outside the				swered "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	ved more than \$5,000. Part II ca	(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)
				Christian Education	19,776	Wire			
(1)			Central A	merica/Caribbean					
				Christian Education	19,500	Wire			
(2)			Sub-Sahara						
				Children's Ministry	19,395	Wire			
(3)			Central A	merica/Caribbean					
				Medical Assistance	19,308	Wire			
(4)			Sub-Sahara						
				Emergency Relief	19,189	Wire			
(5)			Middle Ea	st & North Africa					
				Ukraine-Christ Educ	19,061	Wire			
(6)			Russia &	Neighboring States					
				Emergency Relief	19,048	Wire			
(7)			Middle Ea	st & North Africa					
			_	Children's Ministry	19,010	Wire			
(8)			East Asia						
				Community Develop.	18,750	ACH			
(9)			Sub-Sahara						
			_	Medical Assistance	18,610	Check			
(10)			East Asia						
			_	Children's Ministry	18,436	Wire			
(11)			East Asia						
				Neighbor State-Child	18,273	Wire			
(12)			Russia &	Neighboring States					
				Christian Education	18,150	Wire			
(13)			Middle Ea	st & North Africa					
				Children's Ministry	18,000	Wire			
(14)			East Asia						
				Community Develop.	18,000	Wire			
(15)			Middle Ea	st & North Africa					
			_	Children's Ministry	17,802	Wire			
(16)			Europe						

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

³ Enter total number of other organizations or entities .

ochedule	(101111 990) 2023	Ballat I Call	L D F	urse		30-143/00Z				Г
Part II	Grants and	d Other Assista	nce to	Organizatio	ns or Entities Outside th	e United States.	Complete if the	organization answ	ered "Yes" on F	orm 990,
	Part IV, line	15, for any recip	pient wh	ho received	more than \$5,000. Part II o	an be duplicated if	f additional spa	ce is needed.		
1	(a) Name of	(h) IRS code	(c) R	Region	(d) Purpose of	(e) Amount of	(f) Manner of	(a) Amount of	(h) Description	(i) Method

	Part IV, line	e 15, for any reci	pient who recei	ved more than \$5,000. Part II ca	an be duplicated if	additional spa	ice 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)
				Emergency Relief	17,800	ACH			
(1)			Middle Eas	st & North Africa					
				Christian Education	17,229	Wire			
(2)			Middle Eas	st & North Africa					
				Children's Ministry	17,000	ACH			
(3)			Sub-Sahara						
				Children's Ministry	17,000	Wire			
(4)			East Asia						
				Medical Assistance	16,544	Wire			
(5)			Sub-Sahara						
				Emergency Relief	16,500	Wire			
(6)			Middle Ea	st & North Africa					
				Community Develop.	16,241	Wire			
(7)			East Asia						
				Emergency Relief	16,000	ACH			
(8)			South Asi						
				Medical Assistance	15,864	Wire			
(9)			Middle Ea	st & North Africa					
				Children's Ministry	15,860	Wire			
(10)			Sub-Sahara						
				Emergency Relief	15,000	ACH			
(11)			South Asi						
				Christian Education	15,000	Wire			
(12)			Sub-Sahara						
				Children's Ministry	15,000	Wire			
(13)			Sub-Sahara			_			
				Christian Education	15,000	Wire			
(14)			Middle Ea	st & North Africa					
				Community Develop.	15,000	ACH			
(15)			South Ame						
				Missionary Assist.	15,000	Wire			
(16)			South Asi	а					

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

³ Enter total number of other organizations or entities

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description valuation organization (book, FMV, section and EIN cash grant of noncash assistance grant noncash appraisal, other) (if applicable) disbursement assistance Emergency Relief 15,000 ACH South Asia (1) Emergency Relief Wire 15,000 Middle East & North Africa (2) Christian Education 14,832 Wire Sub-Saharan Africa (3) Children's Ministry 14,669 Wire Sub-Saharan Africa (4) Children's Ministry 14,579 Wire Sub-Saharan Africa (5) Children's Ministry 14,328 Wire Sub-Saharan Africa (6) Missionary Assist. 14,280 Wire Middle East & North Africa (7) Christian Education 14,113 Check East Asia/Pacific (8) Emergency Relief 14,000 ACH Middle East & North Africa (9) 13,917 Children's Ministry Wire East Asia/Pacific (10) Children's Ministry 13,880 Wire Sub-Saharan Africa (11) Children's Ministry 13,868 Wire Sub-Saharan Africa (12) Christian Education 13,600 Wire Sub-Saharan Africa (13) Children's Ministry 13,534 Wire Central America/Caribbean (14) Christian Education 13,200 ACH

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

13,163

Wire

Emergency Relief

Sub-Saharan Africa

Middle East & North Africa

(15)

³ Enter total number of other organizations or entities

Part II			Complete if the organization answered "Yes" on Form 990, 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)
				Christian Education	13,000	Wire			
(1)			South Asi	a.					
				Children's Ministry	12,928	Wire			
(2)			Sub-Sahara						
				Emergency Relief	12,718	ACH			
(3)			Sub-Sahara						
				Children's Ministry	12,630	Wire			
(4)			East Asia						
				Medical Assistance	12,496	Check			
(5)			East Asia						
				Emergency Relief	12,300	Wire			
(6)			Sub-Sahara						
				Children's Ministry	12,000	Wire			
(7)			Europe						
				Children's Ministry	12,000	Wire			
(8)			Sub-Sahara						
				Christian Education	12,000	Wire			
(9)			Sub-Sahara						
				Children's Ministry	12,000	Wire			
(10)			North Ame						
				Christian Education	11,925	Wire			
(11)			Sub-Sahara						
			_	Children's Ministry	11,909	Wire			
(12)			South Asi			_			
				Christian Education	11,340	Wire			
(13)			Sub-Sahara						
			_	Christian Education	11,215	Wire			
(14)			South Ame						
				Emergency Relief	11,190	Wire			
(15)			Sub-Sahara						
				Community Develop.	11,000	ACH			
(16)			Sub-Sahara	n Africa					

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 ______

³ Enter total number of other organizations or entities

Part I				zations or Entities Outside the				swered "Yes" on F	orm 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)	
				Children's Ministry	10,826	Wire				
(1)			Europe							
				Children's Ministry	10,788	Wire				
(2)			Middle Ea	st & North Africa						
				Neighbor State-Child	10,768	Wire				
(3)			Russia &	Neighboring States						
				Christian Education	10,576	Check				
(4)			East Asia							
				Medical Assistance	10,500	Wire				
(5)			Sub-Sahara							
				Children's Ministry	10,481	Wire				
(6)			Sub-Sahara							
				Neighbor State-Child	10,344	Wire				
(7)			Russia &	Neighboring States						
				Children's Ministry	10,160	Wire				
(8)			Central A	merica/Caribbean						
				Emergency Relief	10,000	Wire				
(9)			Middle Ea	st & North Africa						
				Emergency Relief	10,000	Cash				
(10)			Sub-Sahara							
			_	Children's Ministry	10,000	Wire				
(11)			Central A	merica/Caribbean						
				Children's Ministry	10,000	Wire				
(12)			East Asia							
				Christian Education	10,000	Wire				
(13)			Middle Ea	st & North Africa						
				Christian Education	10,000	Wire				
(14)			Sub-Sahara							
				Christian Education	10,000	Wire				
(15)			Sub-Sahara		10.000	<i>a</i> 1				
				Community Develop.	10,000	Check				
(16)			Sub-Sahara	n Africa						

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 ______

³ Enter total number of other organizations or entities

Part II	Grants and	d Other Assistar	nce to Organiz	zations or Entities Outside the	United States.	Complete if the	organization ans	swered "Yes" on F	orm 990,
	Part IV, line	15, for any recip	pient who recei	ved more than \$5,000. Part II ca	an be duplicated if	additional spa	ce 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)
				Community Develop.	10,000	Wire			
(1)			Middle Ea	st & North Africa					
				Medical Assistance	10,000	Wire			
(2)			Sub-Sahara	n Africa					
				Missionary Assist.	10,000	Wire			
(3)			South Asi	a					
				Emergency Relief	10,000	Wire			
(4)			Middle Ea	st & North Africa					
				Community Develop.	10,000	ACH			
(5)			South Asi						
				Emergency Relief	10,000	Wire			
(6)			Middle Ea	st & North Africa					
				Emergency Relief	10,000	Wire			
(7)			Middle Ea	st & North Africa					
				Emergency Relief	10,000	Wire			
(8)			Middle Ea	st & North Africa					
				Emergency Relief	10,000	Wire			
(9)			Middle Ea	st & North Africa					
				Children's Ministry	9,971	Wire			
(10)			Sub-Sahara		0.004				
				Emergency Relief	9,824	Wire			
(11)			міаате на	st & North Africa	0.600	2 077			
44.00			Daniel o	Neighbor State-EmRlf	9,690	ACH			
(12)			Russia &	Neighboring States	0.620	Wire			
(40)			Gub Gabana	Children's Ministry	9,620	wire			
(13)			Sub-Sahara	Children's Ministry	9,500	Wire			
(4.4)			Foot lain	- 1	9,500	wire			
(14)			East Asia	Christian Education	9,500	Wire			
(4.5)			Middle Fe	st & North Africa	9,500	MTTG			
(15)			мтаате ва	Children's Ministry	9,303	Wire			
(4.0)			Control 3	merica/Caribbean	9,303	MTTE			
(16)			Central A	mier rca/car rppeam			<u> </u>		

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

³ Enter total number of other organizations or entities

Part			_	ived more than \$5,000. Part II ca		•	•	swered "Yes" on F	-orm 990,
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)
				Christian Education	9,300	Wire			
(1)			Middle Ea	st & North Africa					
				Medical Assistance	9,265	Wire			
(2)			Sub-Sahar	an Africa					
				Christian Education	9,240	Wire			
(3)			Sub-Sahar	an Africa					
				Emergency Relief	9,214	Wire			
(4)			Middle Ea	st & North Africa					
				Christian Education	9,100	Wire			
(5)			Middle Ea	st & North Africa					
				Christian Education	9,000	Wire			
(6)			Middle Ea	st & North Africa					_
				Community Develop.	9,000	Wire			
(7)			Middle Ea	st & North Africa					_
				Christian Education	8,856	ACH			
(8)			Central 2	merica/Caribbean					_
				Children's Ministry	8,711	Wire			
(9)			Sub-Sahar	an Africa					
				Children's Ministry	8,600	Wire			
(10)			East Asia	/Pacific					
				Medical Assistance	8,600	Wire			
(11)			South Asi						_
				Children's Ministry	8,500	Wire			
(12)			Sub-Sahar	an Africa					
				Christian Education	8,400	ACH			
(13)			North Ame	rica					_
				Christian Education	8,000	Wire			
(14)			Middle Ea	st & North Africa					_
				Christian Education	8,000	Wire			
(15)			South Ame						
				Neighbor State-EmRlf	7,996	Cash			
(16)			Ruggia &	Neighboring States				1	

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

³ Enter total number of other organizations or entities

Part II				zations or Entities Outside the ived more than \$5,000. Part II ca		•	•	swered "Yes" on F	orm 990,
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)
				Children's Ministry	7,945	Wire			
(1)			Sub-Sahara						
				Medical Assistance	7,838	Wire			
(2)			Sub-Sahara						
				Emergency Relief	7,731	Check			
(3)			Sub-Sahara						
				Emergency Relief	7,700	Wire			
(4)			Middle Ea	st & North Africa					
				Children's Ministry	7,565	Wire			
(5)			South Asi						
				Community Develop.	7,515	Check			
(6)			East Asia						
				Christian Education	7,500	Wire			
(7)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(8)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(9)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(10)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(11)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(12)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(13)			Middle Ea	st & North Africa					
				Emergency Relief	7,500	Wire			
(14)			Middle Ea	st & North Africa				1	
				Emergency Relief	7,500	Wire			
(15)			Middle Ea	st & North Africa					
				Children's Ministry	7,414	Wire			
(16)			Sub-Sahara	n Africa					

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 ______

³ Enter total number of other organizations or entities

Part II			_	ved more than \$5,000. Part II ca		•	•	swered res on F	om 990,
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)
				Children's Ministry	7,404	Wire			
(1)			South Ame						
				Emergency Relief	7,313	Wire			
(2)			Middle Ea	st & North Africa					
				Emergency Relief	7,210	Wire			
(3)			North Ame						
				Emergency Relief	7,201	Check			
(4)			East Asia						
				Emergency Relief	6,849	Check			
(5)			Sub-Sahara						
				Neighbor State-Child	6,819	Wire			
(6)			Russia &	Neighboring States					
				Children's Ministry	6,808	Wire			
(7)			Central A	merica/Caribbean					
				Missionary Assist.	6,750	Wire			
(8)			Sub-Sahara						
				Missionary Assist.	6,750	Wire			
(9)			Sub-Sahara						
			_	Ukraine-Christ Educ	6,630	Wire			
(10)			Russia &	Neighboring States					
				Medical Assistance	6,500	Wire			
(11)			Sub-Sahara						
				Medical Assistance	6,500	Wire			
(12)			Sub-Sahara						
				Children's Ministry	6,294	Wire			
(13)			Europe						
				Emergency Relief	6,107	Check			
(14)			Sub-Sahara						
			_	Children's Ministry	6,002	Wire			
(15)			East Asia		_				
			_	Children's Ministry	6,000	Wire			
(16)			Central A	merica/Caribbean					

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 ______

³ Enter total number of other organizations or entities

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	e 15, for any reci	pient who rece	ived more than \$5,000. Part II ca	an be duplicated if	additional spa	ce 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)
				Children's Ministry	5,950	Wire			
(1)			Sub-Sahara	an Africa					
				Children's Ministry	5,835	Wire			
(2)			Central A	merica/Caribbean					
				Neighbor State-Child	5,753	Wire			
(3)			Russia &	Neighboring States					
				Children's Ministry	5,593	Wire			
(4)			North Ame	rica					
				Children's Ministry	5,575	Wire			
(5)			Middle Ea	st & North Africa					
				Children's Ministry	5,523	Wire			
(6)			Sub-Sahara	an Africa					
				Medical Assistance	5,373	Wire			
(7)			Sub-Sahara	an Africa					
				Christian Education	5,344	Wire			
(8)			Sub-Sahara	an Africa					
				Children's Ministry	5,318	Wire			
(9)			Sub-Sahara	an Africa					
				Christian Education	5,287	Wire			
(10)			Sub-Sahara	an Africa					
				Children's Ministry	5,115	Wire			
(11)			Europe						
				Ukraine Relief	5,110	Wire			
(12)			Russia &	Neighboring States					
				Emergency Relief	5,025	Wire			
(13)			Sub-Sahara	an Africa					
				Medical Assistance					FMV
(14)			Russia &	Neighboring States			310,379	Ukraine Re	lief
				Medical Assistance					FMV
(15)			Sub-Sahara	an Africa			189,471	Med/Relief	Mtls
				Medical Assistance					FMV
(16)			East Asia	/Pacific			179,730	Med/Relief	Mtls

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

³ Enter total number of other organizations or entities

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (e) Amount of (g) Amount of (b) IRS code (c) Region (d) Purpose of (f) Manner of (h) Description valuation (book, FMV, organization section and EIN cash grant of noncash assistance grant noncash appraisal, other) (if applicable) disbursement assistance Medical Assistance FMV Sub-Saharan Africa 172,800 Med/Relief Mtls (1) Medical Assistance FMV Sub-Saharan Africa Med/Relief Mtls (2) 169,725 Medical Assistance FMV Russia & Neighboring States Ukraine Relief 111,463 (3) Medical Assistance FMV Sub-Saharan Africa Med/Relief Mtls 109,096 (4) Medical Assistance FMV Sub-Saharan Africa 85,145 Med/Relief Mtls (5) Medical Assistance FMV Russia & Neighboring States 61,399 Ukraine Relief (6) Medical Assistance FMV Sub-Saharan Africa Med/Relief (7) 60,229 Mtls Medical Assistance FMV Sub-Saharan Africa Med/Relief 60,188 Mtls (8) Medical Assistance FMV Sub-Saharan Africa 59,420 Med/Relief Mtls (9) Medical Assistance FMV Central America/Caribbean 58,298 Med/Relief Mtls (10) Medical Assistance FMV Central America/Caribbean 48,430 Med/Relief Mtls (11) Medical Assistance FMV (12) Sub-Saharan Africa 47,856 Med/Relief Mtls Medical Assistance FMV Sub-Saharan Africa 31,186 Med/Relief Mtls (13) Medical Assistance FMV Middle East & North Africa 28,804 Med/Relief Mtls (14) Medical Assistance FMV Central America/Caribbean 28,654 Med/Relief Mtls (15) Medical Assistance FMV

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

Central America/Caribbean

Mtls

24,075 Med/Relief

³ Enter total number of other organizations or entities

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.

	Part IV, lin	e 15, for any reci	pient who recei	ved more than \$5,000. Part II o	an be duplicated i	f additional spa	ce 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)
				Medical Assistance					FMV
(1)			Sub-Sahara	n Africa			22,617	Med/Relief	Mtls
				Medical Assistance					FMV
(2)			Sub-Sahara	n Africa			21,580	Med/Relief	Mtls
				Medical Assistance					FMV
(3)			Sub-Sahara	n Africa			21,421	Med/Relief	Mtls
				Medical Assistance					FMV
(4)			Sub-Sahara	n Africa			20,283	Med/Relief	Mtls
				Medical Assistance					FMV
(5)			Sub-Sahara	n Africa			18,278	Med/Relief	Mtls
				Medical Assistance					FMV
(6)			Central A	merica/Caribbean			17,292	Med/Relief	Mtls
				Medical Assistance					FMV
(7)			Sub-Sahara	n Africa			16,866	Med/Relief	Mtls
				Medical Assistance					FMV
(8)			Sub-Sahara	n Africa			16,461	Med/Relief	Mtls
				Medical Assistance					FMV
(9)			Central A	merica/Caribbean			13,745	Med/Relief	Mtls
				Medical Assistance					FMV
(10)			Central A	merica/Caribbean			12,660	Med/Relief	Mtls
				Medical Assistance					FMV
(11)			Sub-Sahara	n Africa			12,536	Med/Relief	Mtls
				Medical Assistance					FMV
(12)			Sub-Sahara	n Africa			12,474	Med/Relief	Mtls
				Medical Assistance					FMV
(13)			North Ame	rica-Mexico			9,227	Med/Relief	Mtls
				Medical Assistance					FMV
(14)			Central A	merica/Caribbean			7,246	Med/Relief	Mtls
				Medical Assistance					FMV
(15)			Sub-Sahara				7,055	Med/Relief	Mtls
				Medical Assistance					FMV
(16)			Sub-Sahara	n Africa			6,321	Med/Relief	Mtls

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

³ Enter total number of other organizations or entities

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (e) Amount of (b) IRS code (c) Region (d) Purpose of (f) Manner of (g) Amount of (h) Description valuation (book, FMV, organization section and EIN cash grant of noncash assistance noncash appraisal, other) (if applicable) disbursement assistance Medical Assistance FMV Sub-Saharan Africa 5,813 Med/Relief Mtls (1) OCC-Mexico FMV North America 26,322,614 Shoebox Gifts (2) OCC **FMV** East Asia/Pacific Shoebox Gifts 17,816,825 (3) OCC **FMV** South America Shoebox Gifts 11,657,376 (4) OCC South America 11,427,731 Shoebox Gifts (5) OCC FMV Sub-Saharan Africa 10,789,595 Shoebox Gifts (6) OCC FMV Central America/Caribbean (7) 10,500,209 Shoebox Gifts OCC-Ukraine FMV Russia & Neighboring States 10,353,636 Shoebox Gifts (8) OCC Sub-Saharan Africa Shoebox Gifts 10,113,815 (9) OCC FMV South America 10,103,988 Shoebox Gifts (10) OCC Sub-Saharan Africa 9,938,487 Shoebox Gifts (11) OCC FMV (12) Sub-Saharan Africa 9,295,706 Shoebox Gifts OCC Sub-Saharan Africa 8,669,706 Shoebox Gifts (13) OCC **FMV** Sub-Saharan Africa 7,905,618 Shoebox Gifts (14) OCC FMV Sub-Saharan Africa 6,674,990 Shoebox Gifts (15)

OCC

Sub-Saharan Africa

FMV

Shoebox Gifts

6,482,075

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

³ Enter total number of other organizations or entities

Schedule F (Form 990) 2023 Samaritan's Purse 58-1437002

Page 2

Part I			_	zations or Entities Outside tl ived more than \$5,000. Part II		•	•	vered "Yes" on	Form 990,
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)
				occ					FMV
(1)			Sub-Sahar	an Africa			5,943,524	Shoebox Gi	ifts
				occ					FMV
(2)			Central 2	merica/Caribbean			5,630,027	Shoebox Gi	ifts
				occ					FMV
(3)			Sub-Sahar	an Africa			5,354,818	Shoebox Gi	ifts
				OCC					FMV
(4)			Sub-Sahar	an Africa			5,300,877	Shoebox Gi	ifts
				occ					FMV
(5)			Central 2	merica/Caribbean			5,151,056	Shoebox Gi	ifts
				occ					FMV
(6)			Sub-Sahar	an Africa			4,903,207	Shoebox Gi	ifts
				occ					FMV
(7)			South Ame				4,789,445	Shoebox Gi	fts
				occ					FMV
(8)			South Ame				4,755,856	Shoebox Gi	
				occ					FMV
(9)			Sub-Sahar				4,362,562	Shoebox Gi	<u> </u>
				occ					FMV
(10)			Central A	merica/Caribbean			4,152,087	Shoebox Gi	
				occ					FMV
(11)			Sub-Sahar				3,768,190	Shoebox Gi	
				occ					FMV
(12)			East Asia				3,598,339	Shoebox Gi	ifts
				occ					FMV
(13)			Sub-Sahar				3,367,996	Shoebox Gi	
				occ					FMV
(14)			Sub-Sahar				2,912,089	Shoebox Gi	<u> </u>
				occ					FMV
(15)			Central	merica/Caribbean			2,798,729	Shoebox Gi	t
				occ					FMV
(16)			Sub-Sahar	an Africa			2,612,795	Shoebox Gi	ifts

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

³ Enter total number of other organizations or entities

Schedule F (Form 990) 2023 Samaritan's Purse

58-1437002

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (e) Amount of (b) IRS code (c) Region (d) Purpose of (f) Manner of (g) Amount of (h) Description valuation (book, FMV, organization section and EIN cash grant of noncash assistance noncash appraisal, other) (if applicable) disbursement assistance OCC FMV Sub-Saharan Africa 2,508,135 Shoebox Gifts (1) OCC-Neighbor State FMV Russia & Neighboring States 2,411,342 Shoebox Gifts (2) OCC FMV East Asia/Pacific 2,027,392 Shoebox Gifts (3) OCC FMV 2,016,384 Shoebox Gifts South Asia (4) OCC South Asia 1,991,413 Shoebox Gifts (5) OCC FMV East Asia/Pacific 1,933,176 Shoebox Gifts (6) OCC-Neighbor State FMV Russia & Neighboring States (7) 1,930,491 Shoebox Gifts OCC-Neighbor State FMV Russia & Neighboring States 1,848,439 Shoebox Gifts (8) OCC Sub-Saharan Africa Shoebox Gifts 1,784,939 (9) OCC FMV Sub-Saharan Africa 1,747,242 Shoebox Gifts (10) OCC-Neighbor State Russia & Neighboring States 1,586,547 Shoebox Gifts (11) OCC FMV (12) Sub-Saharan Africa 1,549,495 Shoebox Gifts OCC

Sub-Saharan Africa

East Asia/Pacific

Sub-Saharan Africa

OCC

OCC

OCC

Middle East & North Africa

FMV

FMV

FMV

Shoebox Gifts

Shoebox Gifts

Shoebox Gifts

Shoebox Gifts

1,388,262

1,353,224

1,199,455

1,164,846

(13)

(14)

(15)

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

³ Enter total number of other organizations or entities

Part II	Grants and	d Other Assistar	nce to Organi	zations or Entities Outside the	e United States.	Complete if the	organization answ	vered "Yes" on	Form 990,
	Part IV, line	15, for any recip	pient who rece	ived more than \$5,000. Part II c	an be duplicated it	f additional spa	ce 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)
				OCC-Neighbor State					FMV
(1)			Russia &	Neighboring States			1,141,406	Shoebox Gi	fts
				OCC-Neighbor State					FMV
(2)			Russia &	Neighboring States			1,032,450	Shoebox Gi	fts
				occ					FMV
(3)			South Ame	rica			990,592	Shoebox Gi	fts
				occ					FMV
(4)			Sub-Sahar				970,696	Shoebox Gi	†
				occ					FMV
(5)			Sub-Sahar				966,588	Shoebox Gi	
				occ					FMV
(6)			Middle Ea	st & North Africa			911,197	Shoebox Gi	
				occ					FMV
(7)			East Asia				857,337	Shoebox Gi	
4-1				occ			BBE 410	al al a	FMV
(8)			Europe	0.00			775,419	Shoebox Gi	
(0)			vidale se	OCC			772 271	ahaahaa a	FMV
(9)			Middle Ea	st & North Africa			773,271	Shoebox Gi	FMV
(40)			 Central	merica/Caribbean			760,947	Shoebox Gi	
(10)			Central A	OCC OCC			700,947	SHOEDOX G	FMV
(11)			 East Asia	***			655,911	Shoebox Gi	
(11)			Last Asia	OCC			033,311	DIOCEDON G	FMV
(12)			Central 2	merica/Caribbean			570,743	Shoebox Gi	
(12)				OCC			0.07.20		FMV
(13)			Europe				524,374	Shoebox Gi	
(,				OCC			. , , , , ,		FMV
(14)			South Asi				386,635	Shoebox Gi	fts
				occ			-		FMV
(15)			South Ame	rica			380,460	Shoebox Gi	fts
, ,				ogg					TDGZ

South America

380,460 Shoebox Gifts

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

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (e) Amount of (b) IRS code (c) Region (d) Purpose of (f) Manner of (g) Amount of (h) Description valuation (book, FMV, organization section and EIN cash grant of noncash assistance noncash appraisal, other) (if applicable) disbursement assistance OCC FMV 322,196 Shoebox Gifts Europe (1) OCC FMV East Asia/Pacific 290,379 Shoebox Gifts (2) OCC FMV Shoebox Gifts Europe 259,287 (3) OCC **FMV** East Asia/Pacific Shoebox Gifts 199,896 (4) OCC Sub-Saharan Africa 198,339 Shoebox Gifts (5) OCC FMV Sub-Saharan Africa 198,097 Shoebox Gifts (6) OCC FMV Sub-Saharan Africa Shoebox Gifts (7) 194,150 FMV Middle East & North Africa 193,318 Shoebox Gifts (8) OCC South Asia 193,318 Shoebox Gifts (9) OCC FMV Sub-Saharan Africa 193,318 Shoebox Gifts (10) OCC America/Caribbean Central 190,230 Shoebox Gifts (11) OCC FMV (12) Central America/Caribbean 190,230 Shoebox Gifts OCC Sub-Saharan Africa 90,806 Shoebox Gifts (13)

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

OCC

OCC

OCC

Sub-Saharan Africa

East Asia/Pacific

East Asia/Pacific

FMV

FMV

FMV

Shoebox Gifts

Shoebox Gifts

Shoebox Gifts

88,980

87,396

83,288

(14)

(15)

³ Enter total number of other organizations or entities

Part I				zations or Entities Outside thived more than \$5,000. Part II o				vered "Yes" on	Form 990,
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)
				occ					FMV
(1)			Central 2	merica/Caribbean			79,260	Shoebox Gi	fts
				occ					FMV
(2)			East Asia	/Pacific			27,575	Shoebox Gi	fts
(0)									
(3)									
(4)									
(5)									
(6)			_						
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(4E)									
(15)									
(16)									
	er total number of re	cipient organizations	s listed above that	are recognized as charities by the fore	ign country, recognized	as a tax			
				ntee or counsel has provided a section					
3 En	er total number of ot	her organizations or	entities						

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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (h) Method of (g) Description valuation cash grant noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) East Asia/Pacific (1) Children's Ministry 12 242,262 Check/Wire Middle East & North Africa (2) Children's Ministry 133,255 Check/Wire Sub-Saharan Africa (3) Missionary Assistance 90,807 Cash/EFT/Wire Sub-Saharan Africa (4) Children's Ministry Wire 72,500 South America (5) Children's Ministry 65,000 Wire South Asia (6) Children's Ministry 1 Wire 23,500 North America (7) Missionary Assistance 20,000 Wire South Asia (8) Medical Assistance 10,000 Wire East Asia/Pacific 8,756 (9) Medical Assistance Cash Russia & Neighboring States (10) Ukraine Relief 7,000 Cash East Asia/Pacific (11) Missionary Assistance 6,728 Cash (12) (13) (14) (15) (16) (17) (18)

Pa	art 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 the Instructions for Form 926)	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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 and a reporting template are sent to the

grant recipient at the time of payment. The recipient will use the

Acknowledgement form to notify Samaritan's Purse that the funds have been

received. They then use the reporting template to provide narrative and

financial details about the project, and how the funds are used. The

respective Regional Team reviews this reporting, and uses the information

to make decisions on additional grant funding. These decisions are based on

the outcomes and overall quality of the programming.

The Ministry's Internal Audit Department may also review a grantee's financial records at its discretion.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Central America/Caribbean	\$ 2,944,998 \$	0
Central America/Caribbean	\$ 31,845,346 \$	0
East Asia/Pacific	\$ 7,705,520 \$	0
East Asia/Pacific	\$ 31,266,986 \$	0
Europe	\$ 21,971,841 \$	0
Europe	\$ 5,719,031 \$	0
Middle East & North Africa	\$ 14,238,069 \$	0
Middle East & North Africa	\$ 18,447,888 \$	0
North America	\$ 3,193,205 \$	0
North America	\$ 27,263,592 \$	0
Russia & Neighboring States	\$ 58,161,414 \$	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.

Russia & Neighboring States	\$ 61,192,975 \$	0
South America	\$ 6,035,739 \$	0
South America	\$ 46,111,627 \$	0
South Asia	\$ 455,269 \$	0
South Asia	\$ 6,073,944 \$	0
Sub-Saharan Africa	\$ 89,801,922 \$	0
Sub-Saharan Africa	\$ 142,729,497 \$	0
Part V - Additional Information Part I, Line 3:		
Reporting on Schedule F is based on IRS	-defined geographic reg	ions. The IRS
categorizes Ukraine and ten other states	s as part of the "Russi	a &
Neighboring States" geographical region	. This reference occurs	many times
throughout Schedule F.		
Program Service and Grant amounts repor	ted in the Russia & Nei	ghboring
States Region are related to work perfo	rmed in Ukraine and oth	er
neighboring states.		

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Samaritan's Purse 58-1437002

Part I	Part I General Information on Grants and Assistance								
1 Does	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								X Yes No	
	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	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant	
•	or government	(5) EIIV	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance	
(1) Servi	ngHim Healthcare Internationa	i.	(п аррпоавто)	Ü		outory .			
2001	W Plano Parkway, Suite 1213							Emergency Relief	
Plano	TX 75075	75-2863425	3	2,880,251					
(2) Missi	onary Flights International								
3170	Airmans Drive							Missionary Assist.	
Fort Pi	erce FL 34946-9131	23-7199063	3	1,000,000					
(3) Montr	eat College								
PO Bo	x 1267, Box 802							Missionary Assist.	
Montrea	t NC 28757	56-0543261	3	856,017					
(4) World	l Prayer Tabernacle								
4030	Paris Road							Emergency Relief	
Chalmet		72-0792756	3	300,000					
(5) Grace	Community Church, Inc.								
6689 ChangePoint Drive								Emergency Relief	
Anchora		92-0130090	3	285,710					
	ove Mountains Projects								
5432	Village Way							Christian Education	
Nashvil	le TN 37211	83-0588613	3	277,000					
(7) Chris	tian Missions in Many Lands								
PO Bo	x 13							Emergency Relief	
Spring			3	243,000					
` '	oria County Long Term Recovery	1							
104 S William Street								Emergency Relief	
Victori	<u> </u>	82-4862966	3	220,634					
` '	nce Defending Freedom								
15100 N 90th Street								Missionary Assist.	
Scottsd		54-1660459		200,000					
2 Enter	total number of section 501(c)(3) and government	organizations listed	I in the line	1 table				67	
3 Enter	total number of other organizations listed in the line	e 1 table							

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Samaritan's Purse Employer identification number 58-1437002

Part I General Information on Grants and	d Assistance						
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assista	ance?			eligibility for the gran	ts or assistance, ar	nd 	Yes No
2 Describe in Part IV the organization's procedures for mo	onitoring the use of	grant funds	in the United States.				
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient that							rered "Yes" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		(if applicable)	grani	Horicasii assistance	other)	HUHCASH ASSISTANCE	Ui dasastance
(1) Spero Worldwide 1010 Prince Edward Street							Emongongs Police
	. 46 3050677		200 000				Emergency Relief
Fredericksburg VA 22401	46-3859677	3	200,000				
(2) Yahweh Ministries							Charletian Biraction
3050 State Route 58 East			100 000				Christian Education
Mayfield KY 42066	45-5554152	3	199,980				
(3) Pacific Mission Aviation							
PO Box 3209			107 100				Missionary Assist.
nagacha Go 70752	98-0034842	3	137,423				
(4) Cy-Hope, Inc.							
12715 Telge Road	.						Emergency Relief
Cypress TX //429	45-2346150	3	125,413				
(5) Serge Global, Inc.							
101 W Avenue, Suite 305							Missionary Assist.
Jenkintown PA 19046-2039	23-2223692	3	118,603				
(6) Operation Mobilization							
PO Box 444							Missionary Assist.
Tyrone GA 30290-0444	22-2513811	3	107,700				
(7) The Christian Health Service Corps	s						
PO Box 132							Missionary Assist.
Fruitvale TX 75127	27-1505747	3	105,301				
(8) Saints Community Church							
5000 West Esplanade Avenue, Suite	2						Emergency Relief
Metairie LA 70006	27-4501655	3	102,662				
(9) 4B Disaster Response Network							
999 N Egret Bay Blvd.							Emergency Relief
League City TX 77573	82-3366754	3	100,000				
2 Enter total number of section 501(c)(3) and government			1 table		•		

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Samaritan's Purse Employer identification number 58-1437002

1 Does the organization meinitain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orients used to award the grants or assistance in part IV the organization assistance in 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 or	Part i General informatio	n on Grants and	ASSISTANCE							
2 Describe in Part W the organization's procedures for monitoring the use of grant funds in the United States. Part W 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	the selection criteria used to award	the grants or assista	nce?			eligibility for the gran	ts or assistance, ar	nd	Ye	s No
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) EN (c) EN (c) Amount of cash	2 Describe in Part IV the organization	n's procedures for mo	nitoring the use of	grant funds	in the United States.					
(a) Name and address of organization or government or go	Part II Grants and Other	Assistance to De	omestic Organ	izations	and Domestic Go	overnments. Con	nplete if the org	anization answ	vered "Yes" on I	Form 990,
(1) East Gates International PO Box 290	Part IV, line 21, for	any recipient that	received more	than \$5,0	00. Part II can be	duplicated if addi	tional space is r	needed.		
Or government (paginate) grant noncash assistance (noncash assista	1 (a) Name and address of ord	ganization	(b) EIN		(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpos	se of grant
(i) East Gates International PO Box 290	or government	-	` ` ´		grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance		•
Issaquah	(1) East Gates Internation	nal					Í			
2 Faith Aid PO Box 4326 Broadlands	PO Box 290								Christian	Education
2 Faith Aid PO Box 4326 Broadlands	Issaquah W	IA 98027	91-1495327	3	100,000					
Broadlands					-					
33 Town of North Wilkesboro PoliceDept 832 Main Street	PO Box 4326								Missionary	Assist.
33 Town of North Wilkesboro PoliceDept 832 Main Street	Broadlands V	7A 20148	46-3260343	3	94,000				_	
S32 Main Street NC 28659 56-6001302 73,375 Community Develop				_	,,,,,,					
North Wilkesboro NC 28659 56-6001302 73,375	832 Main Street								Community	Develop.
(4) New Vision Ministries, Inc. 426 South 7th Street Mayfield KY 42066 37-1447011 3 68,577 (5) InterServe USA PO Box 418 Upper Darby PA 19082-0418 23-1644377 3 67,106 (6) Global Christian Support, Inc. 24 Slick Rock Road Leicester NC 28748 46-4621541 3 55,000 (7) Mission Eurasia Inc PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist Emergency Relief Emergency Relief Children's Minist Soldotna Ak 99669 92-0032812 3 50,000 Missionary Assist			56-6001302		73,375				1	
Mayfield KY 42066 37-1447011 3 68,577	(4) New Vision Ministries	, Inc.			.,					
Mayfield KY 42066 37-1447011 3 68,577 (5) InterServe USA									Emergency	Relief
(5) InterServe USA PO Box 418 Missionary Assist			37-1447011	3	68,577				3.1	
PO Box 418				_						
Upper Darby PA 19082-0418 23-1644377 3 67,106 (6) Global Christian Support, Inc. 24 Slick Rock Road Leicester NC 28748 46-4621541 3 55,000 (7) Mission Eurasia Inc PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist	DO Boy 419								Missionary	Assist.
(6) Global Christian Support, Inc. 24 Slick Rock Road Leicester NC 28748 46-4621541 3 55,000 (7) Mission Eurasia Inc PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist		A 19082-0418	23-1644377	3	67,106					
24 Slick Rock Road Leicester NC 28748 46-4621541 3 55,000 (7) Mission Eurasia Inc PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist				_	, ,					
Leicester NC 28748 46-4621541 3 55,000 (7) Mission Eurasia Inc PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist	` '								Missionary	Assist.
(7) Mission Eurasia Inc PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Emergency Relief 50,000 Children's Ministration Mini		IC 28748	46-4621541	3	55,000					
PO Box 496 Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Emergency Relief 50,000 Children's Minist: Missionary Assist				_						
Wheaton IL 60187 35-1835273 3 50,000 (8) Missionary Aviation Repair Center 595 Funny River Road Children's Ministration Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist	PO Box 496								Emergency	Relief
(8) Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist			35-1835273	3	50,000					
595 Funny River Road Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Children's Minist:					30,000					
Soldotna AK 99669 92-0032812 3 50,000 (9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist	• •	- <u>r</u>							Children's	Ministry
(9) Tom Lantos Foundation Human Rights 6 Dixon Avenue, Suite 100 Missionary Assist		K 99669	92-0032812	3	50,000					
6 Dixon Avenue, Suite 100 Missionary Assist					20,000					
-,	` '								Missionary	Assist.
Concord NH 03301 35-2325429 3 50,000			35-2325429	3	50,000					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					-		1		_1	

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

SCHEDULE I (Form 990)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Samaritan's Purse 58-1437002

Part I General Information on Grants an	d Assistance						
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for m 	tance?			eligibility for the gran	ts or assistance, ar	nd	Yes No
Part II Grants and Other Assistance to I				overnments. Con	nplete if the org	anization answ	ered "Yes" on Form 990,
Part IV, line 21, for any recipient that	t received more	than \$5,0	00. Part II can be	duplicated if addi-	tional space is i	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) The Christian & Missionary Allian		(if applicable)	grant	TIOTICASTI ASSISTANCE	other)	Horicasii assistance	Oi desistance
One Alliance Place							Medical Assistance
Reynoldsburg OH 43068	13-1623940	3	41,500				Medical Assistance
(2) Brigade Air, Inc.			,				Missionary Assist.
Clayton NC 27528	20-0896758	3	40,000				middle middig.
(3) Koyukon Camp Ministries, Inc. 4091 S Big Lake Road							Emergency Relief
Big Lake AK 99652	92-0170749	3	40,000				
(4) Young Living Stones							_
1701 Gillis Avenue							Emergency Relief
Del R10 TX /8840	84-4845325	3	40,000				
(5) National Christian Charitable Fnd	n.						26. 24 2 2 4
11625 Rainwater Drive, Suite 500			25 222				Medical Assistance
Alpharetta GA 30009	58-1493949	3	36,000				
(6) YouVersion, Inc. 4600 E 2nd Street							Minniana Baniat
	88-1014594		36 000				Missionary Assist.
Edmond OK 73034		3	36,000				
(7) Assoc. of Baptists World Evangeli	.sm						Missionary Assist.
PO Box 8585 Harrisburg PA 17105-8585		3	35,500				Missionary Assist.
(8) Message to All Nations M.A.N.			30,000				
2480 Canyon Lakes							Medical Assistance
San Ramon CA 94582	85-1886034	3	32,400				
(9) Same Source			-				
1838 Gold Hill Road							Medical Assistance
Fort Mill SC 29708	84-2701207	3	31,958				
2 Enter total number of section 501(c)(3) and governmen	t organizations listed	d in the line	1 table				

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

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Samaritan's Purse Employer identification number 58-1437002

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 or dreat used to award the grants or assistance or 2. Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States. Part IV 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) and the complete of the complete of the complete of grant funds or grant or government or government or grant or gr	Part I General Information o	n Grants and As	ssistance							
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 RC (strictle)	the selection criteria used to award the	grants or assistance?	?			eligibility for the grant	ts or assistance, an	nd	Y	es No
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 or						warmente Com	ploto if the era	onization analy	arad "Vaa" an	Form 000
(1) Friends of Kijabe 2629 Oakmeade Drive Charlotte NC 28270									ered res on	FOIII 990,
(i) Friends of Kijabe	• • • • • • • • • • • • • • • • • • • •	zation	` '	section	` '	` '				•
Maisouri City TX 77459 T6-0322627				(if applicable)	grant	noncash assistance	other)	noncash assistance	or as	sistance
Charlotte NC 28270 47-5469826 3 29,916	-									
2) Providence Pentecostal Church PO Box 853 Sackson KY 41339 61-1137111 3 26,000 Sackson Sackson KY 41339 61-1137111 3 26,000 Sackson S									Emergency	Relief
### PO Box 853 ### Jackson KY 41339 61-1137111 3 26,000 (3) Cornwall Baptist Church			7-5469826	3	29,916					
Jackson	(2) Providence Pentecostal C	hurch								
3 Cornwall Baptist Church 213 Main Street 213 Main Street 25,000 25,000 25,000 26,	PO Box 853								Emergency	Relief
Emergency Relief Cornwall NY 12518 14-1508502 3 25,000	Jackson KY	41339 61	1-1137111	3	26,000					
Cornwall	(3) Cornwall Baptist Church									
Cornwall	213 Main Street								Emergency	Relief
Missouri City TX 77459 76-0322627 3 25,000 Emergency Relief			4-1508502	3	25,000					
Missouri City TX 77459 76-0322627 3 25,000	(4) Health Outreach to the M	Middle East								
Missouri City TX 77459 76-0322627 3 25,000	3403 Cartwright Road								Emergency	Relief
Missionary Assist. Mashington DC 20006 52-1858532 3 25,000		77459 76	6-0322627	3	25,000					
Missionary Assist. Mashington DC 20006 52-1858532 3 25,000	(5) The Becket Fund Religiou	s Liberty								
Washington DC 20006 52-1858532 3 25,000 (6) His House Ministries 1250 State Route 303 Emergency Relief Mayfield KY 42066 30-0165781 3 22,520 (7) New Zion Holy Church 6801 Wheatley Street Emergency Relief Houston TX 77091 02-0651052 3 22,500 (8) Bibles For The World 4775 Granby Circle Missionary Assist. Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Emergency Relief Huntington Beach CA 92647-3708 95-3246901 3 20,000									Missionary	Assist.
1250 State Route 303 Emergency Relief			2-1858532	3	25,000				_	
1250 State Route 303 Emergency Relief	(6) His House Ministries									
Mayfield KY 42066 30-0165781 3 22,520 (7) New Zion Holy Church 6801 Wheatley Street Houston TX 77091 02-0651052 3 22,500 (8) Bibles For The World 4775 Granby Circle Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Huntington Beach CA 92647-3708 95-3246901 3 20,000									Emergency	Relief
Emergency Relief Houston	Mayfield KY	42066 30	0-0165781	3	22,520					
Houston TX 77091 02-0651052 3 22,500 (8) Bibles For The World 4775 Granby Circle Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Huntington Beach CA 92647-3708 95-3246901 3 20,000	(7) New Zion Holy Church									
(8) Bibles For The World 4775 Granby Circle Missionary Assist. Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Emergency Relief Huntington Beach CA 92647-3708 95-3246901 3 20,000	6801 Wheatley Street								Emergency	Relief
4775 Granby Circle Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Huntington Beach CA 92647-3708 95-3246901 3 20,000 Missionary Assist. Emergency Relief	Houston TX	77091 02	2-0651052	3	22,500				-	
4775 Granby Circle Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Huntington Beach CA 92647-3708 95-3246901 3 20,000 Missionary Assist. Emergency Relief	(8) Bibles For The World				-					
Colorado Springs CO 80919 36-2434228 3 20,000 (9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Emergency Relief Huntington Beach CA 92647-3708 95-3246901 3 20,000 3 20,000 6 6 6 7	4775 Granby Circle								Missionary	Assist.
(9) Calvary Chapel of Huntington Beach 7800 Edinger Avenue Emergency Relief Huntington Beach CA 92647-3708 95-3246901 3 20,000			6-2434228	3	20,000				_	
7800 Edinger Avenue				_						
Huntington Beach CA 92647-3708 95-3246901 3 20,000		-							Emergency	Relief
		92647-3708 95	5-3246901	3	20,000					-
									•	

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

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Samaritan's Purse Employer identification number 58-1437002

Part I General Information on Grants and	l Assistance						
Does the organization maintain records to substantiate the selection criteria used to award the grants or assistate.	nce?			eligibility for the gran	ts or assistance, ar	nd	Yes No
2 Describe in Part IV the organization's procedures for mo				average Car	amlata if the arm		rand "Vaa" on Farm 000
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient that							rered Yes on Form 990,
		(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation		(b) Durnoss of grant
(a) Name and address of organization or government	(b) EIN	section (if applicable)	qrant	noncash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Friends in Action International		(ii applicable)	grant	Tioriousii ussistarioo	otner)	Horicasii assistance	or assistance
PO Box 323							Missionary Assist.
Elizabethtown PA 17022	77-0296087	3	20,000				
(2) Kenai Classical, Inc.							
35555 Kenai Spur Highway #522							Missionary Assist.
Soldotna AK 99669	83-3643214	3	20,000				_
(3) SIM USA, Inc.							
14830 Choate Circle							Missionary Assist.
Charlotte NC 28273	22-1936391	3	19,245				
(4) Global Outreach International, Inc	!						
PO Box 1							Missionary Assist.
<u>Tupelo</u> MS 38802-0001	48-1256219	3	16,878				
(5) Christian Community Association							
5110 N Federaly Highway #200							Christian Education
Fort Lauderdale FL 33308	86-1088673	3	15,700				
(6) Holidays for Lahaina Ohana Fndn.							
175 Welau Way							Emergency Relief
Lahaina HI 96761	93-3481304	3	15,000				
(7) Hope Pregnancy Resource Center							
208 Howard Street							Medical Assistance
Boone NC 28607	58-1859569	3	15,000				
(8) World Gospel Mission							
PO Box 948							Missionary Assist.
<u>Marion</u> IN 46952-0948	35-0911947	3	14,764				
(9) Bonney Lake Community Church							
8201 Locust Ave E							Christian Education
Bonney Lake WA 98321	91-6191321		12,000				
2 Enter total number of section 501(c)(3) and government	organizations listed	I in the line	1 table				

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

SCHEDULE I (Form 990)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Samaritan's Purse 58-1437002

Part I General Informa	ation c	on Grants and	l Assistance						
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the	grants or assista	nce?			eligibility for the grant	s or assistance, a	nd 	Yes No
						overnments. Com	plete if the org	anization ansv	vered "Yes" on Form 990,
					00. Part II can be				,
1 (a) Name and address o		· · · · · · · · · · · · · · · · · · ·	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governmen	-			section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Goodword Partnershi	p								
PO Box 24104									Children's Ministry
Minneapolis	MN	55424	20-3545214	3	12,000				
(2) Church of the Nazar	ene								
PO Box 843116									Missionary Assist.
Kansas City	MO	64184-3116	44-0552034	3	10,725				
(3) Craig Church Minist:	ries,	Inc.							
PO Box 1467									Emergency Relief
North Wilkesboro	NC	28659	26-1385977	3	10,000				
(4) Open Door Foundation	n								
PO Box 292									Missionary Assist.
Edmonds	WA	98020	20-3777240	3	10,000				
(5) Bethany Relief and	Rehal	blitation							
PO Box 1297									Medical Assistance
Abingdon	VA	24212-1297	52-2344177	3	9,363				
(6) New City Fellowship	1								
1142 Hodiamont Aven	ue								Missionary Assist.
St. Louis	MO	63112	43-1613716	3	6,726				
(7) CURE International,	Inc.	•							
70 Ionia Ave SW, Su	ite 2	200							Christian Education
Grand Rapids	MI	49503	58-2248383	3	6,315				
(8) Billy Graham Evange	listi	c Assoc.							
PO Box 668129									Christian Education
Charlotte	NC	28209	45-2588350	3	5,079				
(9) Hope Ministries									
1519 River Street									Medical Assistance
Wilkesboro	NC	28697	56-0556746	3		513,138	FMV	Medical M	tls.
2 Enter total number of section 5			organizations listed	I in the line	1 table				

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

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Samaritan's Purse 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (d) Amount of cash (f) Method of valuation (b) EIN (e) Amount of (h) Purpose of grant (q) Description of (book, FMV, appraisal, section or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) Robert Duncan Ministries 746 Town N Country Drive Medical Assistance Wilkesboro NC 28697 56-2250610 | 3 326,199 FMV Medical Mtls. (2) Four Holes Baptist Church 1622 Four Holes Road Medical Assistance Orangeburg SC 29115 57-0762333 | 3 320,090 FMV Medical Mtls. (3) Crossing the Streets Evangelistic 1464 Pads Road Medical Assistance North Wilkesboro Medical Mtls. NC 28659 92-3945902 | 3 31,887 FMV (4) Rescue America Baptist Mission PO Box 1465 Medical Assistance Millers Creek NC 28651 54-2102339 | 3 31,387 FMV Medical Mtls. (5) (6) (7) (8)(9)

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
1 Personal Assistance	100	217,531									
2 Missionary Assistance	3	66,200									
3 Emergency Relief	1	15,000									
4 Operation Christmas Child	5404		145,096	FMV	Shoebox Gifts						
5 Medical Assistance	14		20,866	FMV	Medical Equip.						
_6											
7	ida tha information un	envised in Dort I line	O. Dort III. column (h)		information.						
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 requirement of Funds for				n serves							
to confirm that the funds w	were received	and to repor	t how the fur	nds were							
used. This process is close	ely monitored	by the Proje	cts Departmen	nt and the							
North American Ministries s	staff.										
The Ministry's Internal Aud	lit Department	may also re	view a grante	ee's							
financial records at its d											

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

OMB No. 1545-0047

	samaritan's Purse	58-1437002			
Pa	art I Questions Regarding Compensation				
				Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed o	n Form			
·u	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these its				
	X First-class or charter travel Housing allowance or residence for p				
	X Travel for companions Payments for business use of persor				
	X Tax indemnification and gross-up payments Health or social club dues or initiation	n fees			
	Discretionary spending account X Personal services (such as maid, charge)	auffeur, chef)			
	_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	t l			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to				
			1b	x	
	explain	·····	10		
_					
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 li	ine			
	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 l	by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	., -			
	X Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensations	ion 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:				
а	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		Х
·	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III				
	in res to any or lines 4a-c, list the persons and provide the applicable amounts for each item in rait in				
	Only coction F01(a)(2) F01(a)(4) and F01(a)(20) organizations must complete lines F 0				
_	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:				
	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	I			
	compensation contingent on the net earnings of:				
а			6a		х
a 	The organization?	·····			X
b	Any related organization?		6b		Λ
	If "Yes" on line 6a or 6b, describe in Part III.				
_	For newscap listed on Form 2000 Port VIII. Coation A. Per An Wild the consciention would				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		_		37
	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 subj	ect			
	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)?		a		

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 (i) Base compensation	2 and/or 1099-MISC and/or 1 (ii) Bonus & incentive compensation	(iii) Other	(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
-	,	·	reportable compensation	·			Form 990
William Franklin Graham III	(i) 465,553	0	347,356	46,500	22,747	882,156	0
1 Bd Mem/Chr/Pres/CEO	(ii) O	0	0	0	0	0	0
Christopher Weeks	(i) 270,277	0	120,815	19,726	11,316	422,134	
2 ChairmanAffiliateOff	(ii) O	0	C	0	0	0	0
Meredith Collie	(i) 155,931	0	238,176	10,187	14,498	418,792	
3 CFO Affiliate Office	(ii) O	0	C	0	0	0	0
Kenneth Isaacs	(i) 339,152	0	5,951	26,400	35,518	407,021	0
4 VP-Prog/Govt Rel	(ii) O	0	C	0	0	0	0
James Harrelson	(i) 339,526	0	6,342	23,239	34,750	403,857	0
5 VP-Op ChristmasChild	(ii) O	0	C	0	0	0	0
William Maupin	(i) 317,009	0	6,791	25,062	34,230	383,092	0
6 VP-Info Technology	(ii) O	0	C	0	0	0	0
Brian Gresham	(i) 147,092	0	206,372	10,514	15,715	379,693	0
7 DirecOCCAffiliateOff	(ii) O	0	C	0	0	0	0
Paula Woodring	(i) 316,386	0	5,190	25,423	25,832	372,831	0
8 Bd Mem/Executive VP	(ii) O	0	C	0	0	0	0
Merrill Littlejohn	(i) 316,665	0	5,694	25,474	24,668	372,501	0
9 VP-Finance/CFO	(ii) O	0	C	0	0	0	0
Ronald Wilcox	(i) 312,713	0	6,135	25,300	28,055	372,203	0
10 Exec Advisor CEO/COO	(ii) O	0	C	0	0	0	0
Luther Harrison	(i) 300,999	0	396	23,482	17,439	342,316	0
11 VP-NorthAmericanMin	(ii) O	0	C	0	0	0	0
Edward Graham	(i) 258,983	0	10,022	20,819	26,177	316,001	0
12 Board Member/COO	(ii) O	0	C	0	0	0	0
Phyllis Payne	(i) 255,995	0	6,866	20,824	28,151	311,836	0
13 Bd Mem/AstSec/EAPres	(ii) O	0	C	0	0	0	0
Donna Pierce	(i) 232,568	0	4,950	18,724	26,237	282,479	0
14 Secretary/VP-Corp Af	(ii) O	0	C	o	0	0	0
Jane Austin Lynch	(i) 160,803	0	3,198	8,103	16,813	188,917	0
15 Bd Mem/SeniorAdvisor	(ii) O	0	C	0	0	0	0
	(i)	-					
16	(ii)						

Schedule J (Form 990) 2023

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: First-Class Travel: One board member traveled via a first-class train ticket one time for ministry purposes. The trip was approved by management for security reasons. One key employee traveled via a first-class train ticket ten times for ministry purposes. Each trip was approved by management for security reasons. One key employee had a family member that traveled via a first-class train ticket two times for ministry purposes. The trips were approved by management for security reasons. One key employee traveled via first-class airfare one time for ministry purposes. The flight was approved by management. One higher compensated employee traveled via first-class airfare two times for ministry purposes. Both flights were approved by management. One board member had family members travel via first-class airfare one time for ministry purposes. The flights were approved by management.

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.

Charter Travel (Ministry-owned aircraft, other missionary aviation, and charter trips): Samaritan's Purse provides charter travel via the use of ministry-owned aircraft based in Kenya, Liberia, and the United States (Alaska and North Carolina), to perform its evangelism and relief programs; 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 and the related benefit amount was reported as taxable compensation per IRS regulations. Listed persons flown on charter flights were as follows: Eight board members, one officer, three key employees, and two higher compensated employees traveled in ministry-owned or chartered aircraft for ministry purposes. Portions of four board members' trips were personal. Value of travel expenses were imputed to and reported as taxable income.

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.

Travel for Guest(s), Spouse and/or Other Family Member(s): As a Christian ministry, we believe that God instituted monogamous marriage, between male and female as the foundation of the family and the basic structure of human society. For this reason, we believe that marriage is exclusively the union of one genetic male and one genetic female (Genesis 2:24, Matthew 19:5-6, Mark 10:6-9, Romans 1:26-27, 1 Corinthians 6:9). 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

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.

familiarity, support, and direct involvement can expand the impact of our
mission and purposes of furthering the Gospel of Jesus Christ (Acts 1:8).
Management has implemented the Board's recommendation to actively cultivate
the involvement of spouses and other family members of Board members and
staff in ministry activity, through volunteer services, training,
discipleship, prayer, sharing the story of our work, development, and other
ministry activities.
Listed persons with travel by a guest, spouse and/or other family member(s)
were as follows:
Four board members, one officer, one key employee, and one higher
compensated employee had travel by a spouse and/or other family member(s)
on ministry activity. 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.
Three board members and one officer had travel by a guest, spouse and/or

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.

were imputed to and reported as taxable income. 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: Forty Years of Service Award: The Board of Directors has adopted a policy where qualifying employees who have faithfully served the Ministry for forty years, will receive complimentary meals in the dining rooms of Samaritan's Purse until retirement. The value of these meals is reported as taxable compensation and included in the annual reasonableness compensation review by the Compensation Committee. The Compensation Committee has also established a guideline on the maximum amount that may be incurred annually per employee. Two board members received taxable benefit gross-up payments pertaining to

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

the Forty Years of Service Award.
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 is
reported as taxable compensation and included in the annual reasonableness
compensation review by the Compensation Committee.
Housing Security Services:
The Board of Directors approved the installation of security equipment at
the personal residence of one board member during 2023. The value of this
project was reported as taxable compensation and included in the annual
reasonableness compensation review by the Compensation Committee.
Foreign Taxable Benefits:
Three higher compensated employees received taxable benefits for foreign
taxes paid while working internationally. These employees are US citizens
and are required to file US tax returns. The gross-up payments were to

SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organ	nization						Empl	oyer ide	ntificati	on nun	nber		
	Samaritan's Purse						58-	14370	02				
Part I	Excess Benefit Transaction	ons (section 501	(c)(3), section	501(c)(4)	, and section 50°	1(c)(29) organiza	ations o	only)				
	Complete if the organization answ												
1	(a) Name of discussified access	(b) Relatio	nship between disqu	ualifie	d pers	on and	(a) Description of				(d)	Correc	ted?
1	(a) Name of disqualified person		organization				(c) Description of	transactio	n		Yes	ı	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
	ne amount of tax incurred by the orga												
	section 4958												
3 Enter th	ne amount of tax, if any, on line 2, ab	oove, reimbursed b	by the organiza	tion				\$	§				
Part II	Loans to and/or From Into		_										
	Complete if the organization answ	rered "Yes" on For	rm 990-EZ, Par	t V,	line :	38a, or Form 990	, Part IV, line 2	6; or if	the				
	organization reported an amount of												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		Loan	(e) Original principal amount	(f) Balance due	(g) In	default?	(h) Ap	oproved oard or		/ritten ment?
		War organization	loan		org.?	principal amount					nittee?	ugico	none.
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)										Щ.			
(3)										Щ.			
(4)										Щ.			
(5)									1	<u> </u>			
(6)									-	ـــــ			
(7)									-	├			
(-)													
(8)									-	-			_
(2)													
(9)									-	├			
4.0)													
10)													
Total	Cronto on Assistance Bon	afitina Intoro	oted Deres		<u></u>	<u></u> \$				<u> </u>			
Part III	Grants or Assistance Ber				. 07								
	Complete if the organization answ												
	(a) Name of interested person	1 ' '	ship between interestand the organization			(c) Amount of assistance	(d) Type of assistan	се	(e)	Purpose	e of ass	istance	
(1)		person	and the organization			assistance		-					
(1)					\vdash	+		+					
(2)								\dashv					
(3)								\dashv					
(4)								\dashv					
(5)								_					
(6)					-			+					
(7) (8)								\dashv					
(9)								+					
177													

Schedule L (Form 990) 2023

Part IV **Business Transactions Involving Interested Persons**

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

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 28	3a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of	Sharing org. nues?
	organization			Yes	No
(1) Corey Lynch	Spouse Dir	194,109	Comp/benefits		Х
(2) Austin Woodring	Son Director	104,386	Comp/benefits		x
(3) Jeremy Zerkle	Sn-in-law KyEmp	93,400	Comp/benefits		x
(4) Marty Cottrell	Son-in-law Dir	91,228	Comp/benefits		X
(5) Andrew Harrelson	Son KeyEmp	73,036	Comp/benefits		x
(6) John Payne	Spouse Dir	61,570	Comp/benefits		X
(7) Joshua Scott	Son Director	54,490	Comp/benefits		x
(8) Jane Graham	Spouse Dir	52,940	Comp/benefits		x
(9) Ricky Woodring	Spouse Dir	49,770	Compensation		x
(10) Jessica Zerkle	Daughter KeyEmp	37,310	Compensation		x
Device On the state of					

Supplemental Information Part V

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
Kristen Graham			\$	25,2					
Spouse					Comp/be				
						-			
-									
-									

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

(d)

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Go to $\textit{www.irs.gov/Form990}\$ for instructions and the latest information.

(b)

(a)

Employer identification number Samaritan's Purse 58-1437002 Types of Property

(c)

		Check if applicable	Number of contributions or items contributed	amounts reported on	Method of determining noncash contribution amo			
1	Art — Works of art			Form 990, Part VIII, line 1g				
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications	х		31,930	Cost			
5	Clothing and household	21		317330	COBC			
3	goods	x		1,038,992	Cost/Selling Pri	ce		
6	Cars and other vehicles	Х	2		Mkt. Value/Selli		Prio	ce .
7	Boats and planes			•	,			
8	Intellectual property							
9	Securities — Publicly traded	Х	1099	11,755,635	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	7	1,785,010	Appraisal/Selling	J P	rice	<u> </u>
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles	X	22		Mkt. Value/Selli:	ng i	Pric	ce_
19	Food inventory	X	24	24,977,520				
20	Drugs and medical supplies	X	585	11,135,253	Cost			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		10010101	274 224 424				
25	Other (Shoebox Gifts)	X	10060471	276,321,601	Cost			
26	Other (Agri./Livestock)	X	70		Cost/Selling Pri	ce		
27	Other (Asset Improv.)	X	22	95,873				
28	Other (Cryptocurrency)	X	13	6,636	Selling Price			
29	Number of Forms 8283 received by				10			
	which the organization completed Fe	orm 8283,	Part V, Donee Acknowle	edgement [29 10		Yes	Na
20-	During the year did the armediantic			to managed in Dant I lines 4	1. Alexandra		res	NO
30a	During the year, did the organization 28, that it must hold for at least 3 years.		• • • •	•	-			
						30a		х
h	used for exempt purposes for the en If "Yes," describe the arrangement in		g penoa?			30a		
b 24	•		policy that requires the re	viow of any ponetandard				
31	Does the organization have a gift accontributions?			•		31	х	
32a	Does the organization hire or use the				oncash	<u> </u>		
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an ar	mount in co	olumn (c) for a type of pr	operty for which column (a)) is checked,			
	describe in Part II.							
For F	Paperwork Reduction Act Notice, see th	ne Instructio	ons for Form 990.		Schedule	e M (Fo	rm 990) 2023

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.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether

SCHEDULE O (Form 990)

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.

OMB No 1545-0047 2023

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Samaritan's Purse

58-1437002

Employer identification number

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 the 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. There are thousands more that volunteer from afar through their prayers.

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

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

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

the dead, you will be saved" (Romans 10:9).

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."

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:

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

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

Name of the organization

Samaritan's Purse 58-1437002

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: 1-888-388-2683. 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.

U.S. DISASTER RELIEF: : In 2023, Samaritan's Purse sent our Disaster Relief Units on 27 deployments in 15 states, including two locations in Florida and one in Georgia following Hurricane Idalia; as well as Hawaii following a devastating wildfire on the island of Maui. More than 11,800 volunteers helped over 7,500 households with emergency repairs, rebuilt 61 homes, and led 870 individuals to saving faith in Jesus Christ. "And how shall they

Employer identification number

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

preach, except they be sent? as it is written, How beautiful are the feet of them that preach the gospel of peace, and bring glad tidings of good things!" (Romans 10:15)

OPERATION HEAL OUR PATRIOTS: Samaritan's Purse established Operation Heal Our Patriots in 2012 to help strengthen the marriages of wounded military veterans. During the 2023 season, we were able to have 180 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 12 years, more than 1,500 couples have participated, and over 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 domestic Disaster Relief teams. They deployed 16 times in 2023. "Yet in all these things we are more than conquerors through Him who loved us" (Romans 8:37).

THE GREATEST JOURNEY: This is a follow-up discipleship program developed by Samaritan's Purse especially for children who receive shoebox gifts from Operation Christmas Child. We train teachers and provide lesson books in 84 languages as well as New Testaments for children who graduate from the course. In 2023, more than five million children participated in these classes, with nearly three million making decisions to trust Jesus Christ as their Lord and Savior. "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).

Name of the organization

Samaritan's Purse

58-1437002

CHILDREN'S HEART PROJECT: This project of Samaritan's Purse brings patients to partner hospitals in North America, the Caribbean, and South Korea for critical heart operations that are not available where they live. We were able to provide life-saving surgery for 62 patients in 2023. Since 1997, we have provided surgery for over 1,500 patients. While surgeons correct life-threatening heart defects, patients and their family members experience the love of Christ through their host families and churches, and many respond to the Gospel. "But I have trusted in Your mercy; my heart shall rejoice in Your salvation" (Psalm 13:5).

WORLD MEDICAL MISSION: Samaritan's Purse supports mission hospitals around the world by sending medical volunteers, medical supplies, and equipment. In 2023, we arranged short-term trips for 715 healthcare volunteers to serve in 40 mission hospitals. Our medical warehouse shipped 43 containers of life-saving equipment and supplies, and our team of biomedical technicians made 22 trips overseas to install and maintain critical equipment. Our Post-Residency Program has helped more than 230 Christian physicians and dentists prepare for long-term missionary service since 2004.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC): The DRC is among 25 countries where Samaritan's Purse operates field offices to work in Jesus' Name to meet local needs. In the DRC, hundreds of thousands of people have been displaced by conflict. In 2023, Samaritan's Purse served nearly 163,000 people with items and programs to provide clean water and better hygiene. We also helped over 20,000 with programs to address malnutrition, trained

58-1437002

more than 1,600 church leaders, and presented the Gospel of Jesus Christ to more than 32,000 souls through program activities, home and hospital ministry visits and open-air campaigns.

KENYA: Since the 1970s, Samaritan's Purse has had a strong partnership with Tenwek Hospital in Kenya, sending hundreds of doctors through World Medical Mission and helping Tenwek expand and upgrade its facilities. In 2023, Samaritan's Purse supported an ongoing construction project to build a state-of-the-art hospital-the Tenwek Cardiothoracic Center-which will serve patients from across Africa. The hospital is expected to open in 2024. Tenwek is also the home of a hospital chaplain training program that Samaritan's Purse has duplicated at mission hospitals worldwide. Also in Kenya, Samaritan's Purse works in widespread communities to provide clean water, support agricultural projects, and provide other assistance.

OTHER INTERNATIONAL PROJECTS: The parable of the Good Samaritan is based on a rescue mission, and emergency responses have always been a hallmark of Samaritan's Purse. In 2023, we deployed our DART (Disaster Assistance Response Teams) to many disaster-stricken nations. After Israel was attacked by Hamas terrorists, Samaritan's Purse replaced 22 ambulances destroyed in the raids and provided Israeli first responders with 1,000 emergency trauma kits. We also deployed to Acapulco, Mexico after a Category 5 storm hit the area. We transported nearly 140,000 pounds of relief supplies and installed four community water purification systems in Acapulco. In the aftermath of a devastating earthquake that rocked Antakya, Turkey, we deployed over 100 doctors, nurses, and medical personnel. They demonstrated Christ's love as they cared for more than 2,600 patients and

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

performed more than 100 surgeries.

Worldwide emergency responses require airlift capacity. Our fleet of 26 aircraft allows us to immediately respond after disasters and crisis situations. In 2023, our planes logged more than 3,200 flight hours, and we doubled our overall cargo carrying capacity by adding a 757 to our fleet.

Also during 2023, Samaritan's Purse had field offices in 25 countries that worked to meet local needs in the Name of Jesus Christ.

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

Bolivia, Burma, Cambodia, Colombia, Congo (Kinshasa), Ethiopia, Haiti,

Iraq, Japan, Kenya, Korea (South), Liberia, Mongolia, Niger, Philippines,

Poland, South Sudan, Sri Lanka, Sudan, Uganda, Ukraine, 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 Board Chairman may appoint Directors Emeritus to serve as members of the Committee. Directors Emeritus may participate in discussions, but will not count towards a quorum, and shall not vote. The Board Chairman shall also designate a Director or Director Emeritus to serve as Committee Chair. A Director Emeritus appointed as Committee Chair may vote and count

Schedule O (Form 990) 2023 Name of the organization	Page 2
Samaritan's Purse	58-1437002
towards a quorum.	
The current composition of the Exec	cutive Committee is four (4) with two
(2) being independent board members	s and one (1) being an Emeritus board
member.	
Scope of Committee's Authority - Pr	ursuant to the Ministry's Bylaws, the
Executive Committee may hold meeting	ngs between meetings of the Board of
Directors to act on behalf of the	Board of Directors. The Executive
Committee may act on matters of bu	siness, financial, or spiritual concern
except for matters precluded by the	e Bylaws. The Executive Committee does
not have power to amend the Article	es of Incorporation or Bylaws of the
Ministry, and may not authorize the	e dissolution or merger of the Ministry,
remove or elect board members, hire	e 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 I	ncorporation or Bylaws of the Ministry.
All actions of the Executive Commit	ttee are ratified by the Board of
Directors.	-
Form 990, Part VI, Line 2 - Relate	d Party Information Among Officers
William Franklin Graham III	Jane Austin Lynch
Bd/Chair/CEO	Bd/SrAdvisor
Family	
- 	
William Franklin Graham III	Edward Graham
Bd/Chair/CEO	Bd Mem/COO
Family	

2

Schedule O (Form 990) 2023	Page 2
Name of the organization Samaritan's Purse	Employer identification number 58-1437002
Edward Graham	Jane Austin Lynch
Bd Mem/COO	Bd/SrAdvisor
Family	
Corey Furman	James Furman
Board Member	Officer
Family	
Bobby Idol	Sterling Carroll
Board Member	Officer
Family	
	- Organization's Process to Review Form 990
	repared by the Finance Department of the
	review by the Chief Financial Officer, Vice
President of Corporate Affair	rs, Vice President of Communications, and the
Vice President of Public Pol	icy and General Counsel. The return is also
reviewed by an independent C	ertified Public Accounting firm, the Internal
Audit Director, the Chief Op	erating Officer, the Senior Executive Advisor,
and the Chief Executive Offic	cer. After this review, the return is reviewed
and accepted by the Audit Co	mmittee of the Board of Directors. The return
is then provided to the Board	d 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 I	nterest policy covers all "Responsible

Name of the organization

Samaritan's Purse

58-1437002

Persons," which includes Board Members, Officers, Vice Presidents, members of Executive Management, members of the Travel Department and employees 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.

Name of the organization

Samaritan's Purse

58-1437002

If the person with the potential conflict of interest is a Disqualified Person, the Responsible Person will provide all material terms and conditions to the CEO in writing. The CEO will forward such information to the Compensation Committee 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.

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 2023 compensation arrangement for the CEO and reported to the Board of

Directors. For calendar year 2023, 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 2023 compensation

arrangements for the Chief Operating Officer, VP of Corporate

Affairs/Secretary, VP of Operation Christmas Child, VP of Programs and

Government Relations, Chief Financial Officer, Executive VP, Advisor to the

Employer identification number

Name of the organization

Samaritan's Purse

58-1437002

COO, Executive Advisor to the President/Assistant Secretary, and reported to the Board of Directors. For calendar year 2023, 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
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.

Samaritan's Purse	58-1437002
Form 990, Part X - Additional Information	
Inventory consists of Operation Christmas Child	shoebox gifts, medical
equipment and supplies, and other equipment and	supplies for use in
programs.	
Form 990, Part XI, Line 9 - Other Changes in Net	Assets Explanation
Planned Giving Beneficiary Payments	\$ -4,082,697
Planned Giving Admin. Fees	\$ -351,862
Other/Misc.	\$ -47
Planned Giving Admin. Fees	\$ 351,862
Total	\$ -4,082,744
Form 990, Part XII - Additional Information	
Reporting on Schedule F is based on IRS-defined	geographic regions. The IRS
categorizes Ukraine and ten other states as part	of the "Russia &
Neighboring States" geographical region. This re	ference occurs many times
throughout Schedule F.	
Program Service and Grant amounts reported in th	e Russia & Neighboring
States Region on Schedule F are related to work	performed in Ukraine and
other neighboring states.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

rm 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Samaritan's Purse						58-14370	02	
Part I Identification of Disregarded Entities. Complete if the	organization answ	wered "Yes" on F	orm 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	e (state ountry)	(d) Total income		(e) End-of-year assets		trolling
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the or tax year.	rganization answ	ered "Yes" c	n Form 990, P	art IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection Public charit (if section 50	y status)1(c)(3))	(f) Direct controlling entity	Section 512(b)(1 controlled entity	
(1) Emmanuel Group 300 Corporate Aviation Dr. 76-0748803 North Wilkesboro NC 28659	Title Hldg	NC	501c2		Sam. Purs		x	
(2)								
(3)								
(4)	1							
(5)								

Part III Identification of Related Organization because it had one or more related or	ons Taxable rganizations to	as a	Partnership.	Complete if the ship during the	e organizatio tax year.	n ans	wered "Yes" o	on For	m 9	90, Par	t IV, line	34,		
(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	Dis portio allo	pro- onate oc.?	Code amount of Sche	i) V—UBI in box 20 dule K-1 1065)	Gener mana partn	al or Pe ging ^{OV} er?	(k) ercentage wnership
(1)		3.						165	NO			163	NO	
(2)														
(3)														
(4)														
Part IV Identification of Related Organization in a 34, because it had one or more related to the second in the se	ons Taxable elated organiz	as a zation:	Corporation s treated as a	or Trust. Com	plete if the c trust durina	rganiz the ta	zation answer x vear.	ed "Ye	es" c	on Form	990, P	art I\	/,	
(a) Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) nare of total income	S end-of-	(g) hare of year a		(h) Percent owners	age	512 coi e	(i) Section 2(b)(13) Introlled entity?
(1)Charitable remainder unitrust (8)													Yes	s No
(2)Charitable remainder unitrust (1)	Trust		NC	N/A	T								X	
(3)	Trust		NC	N/A	Т									x
(4)														

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

ıuı	Transactions With Related Organizations. Complete if the Organization and	000000 100 01110	000, 1 dit 11, mio	01, 000, 01 00.						
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1 [uring the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations listed	in Parts II-IV?							
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-			1a		Х			
b G	ift, grant, or capital contribution to related organization(s)				1b		X			
c Gift, grant, or capital contribution from related organization(s)										
d L	pans or loan guarantees to or for related organization(s)				1d		X			
e L	pans or loan guarantees by related organization(s)				1e		X			
f Dividends from related organization(s)										
g S	ale of assets to related organization(s)				1g		Х			
h F	urchase of assets from related organization(s)				1h		Х			
i E	xchange of assets with related organization(s)				1i		Х			
jL	ease of facilities, equipment, or other assets to related organization(s)				_1j_		Х			
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		Х			
I F	erformance of services or membership or fundraising solicitations for related organization(s)				11		Х			
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r C	ther transfer of cash or property to related organization(s)				1r		Х			
s C	ther transfer of cash or property from related organization(s)				1s		Х			
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 transac	tion thresholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amou	nt involv	ed				
		31 - (
(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	(d) Predominant income (related, unrelated, excluded from tax under	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
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
								1					
(2)													
(2)								1					
(3)													
• • • • • • • • • • • • • • • • • • • •													
(4)								+					
• • • • • • • • • • • • • • • • • • • •													
(5)													
(6)													
(7)								-					
(7)													
•													
(8)								1					
(6)													
• • • • • • • • • • • • • • • • • • • •													
(9)													
(10)													l
													l
40								₽					
(11)													l
	L												

Schedule R (F	Form 990) 2023	Samaritan's	Purse	58-1437002 Page 5
Part VII	Supplemer	ntal Information.	r responses to questions on Schedule R	
•				
•				
• • • • • • • • • • • • • • • • • • • •				